THE PSYCHOANALYTIC QUARTERLY

VOLUME THIRTY-FOUR

1965

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THE PSYCHOANALYTIC QUARTERLY
57 WEST 57th STREET • NEW YORK, N. Y. 10019

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THE ROLE OF MOVEMENT PATTERNS IN DEVELOPMENT

I. RHYTHMS OF MOVEMENT

BY JUDITH S. KESTENBERG, M.D. (NEW YORK)

Pleasure and unpleasure, therefore, cannot be referred to an increase or decrease of a quantity (which we describe as 'tension due to stimulus'), although they obviously have a great deal to do with that factor. It appears that they depend, not on this quantitative factor, but on some characteristic of it which we can only describe as a qualitative one. If we were able to say what this qualitative characteristic is, we should be much further advanced in psychology. Perhaps it is the rhythm, the temporal sequence of changes, rises and falls in the quantity of the stimulus. We do not know (21, p. 160).

THE CONTRIBUTIONS OF FREUD AND FERENCZI

The problem of excitation, tension, and discharge occurs often in Freud's writings (for instance, [*18, 19, 20, 22*]). Many of his theorizations about instinctual drives and instinctual energy are based not only on neurophysiological models but on direct observations of movement as well. Breuer and Freud's concept of 'tonic intracerebral excitation', operative in the waking state, seems to be derived from the clinically observable tonus of muscles at rest *(18)*. The closely allied concept of bound and free energy, which pervades Freud's later theories, may well have been influenced by observations of tonic and clonic movements familiar to neurologists. Observations of muscular tensions and relaxations during certain affective and ideational states may have been a further source of Freud's theory of energy.

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Ferenczi contrasted the expression of emotions in which explosion predominates with those in which inhibition prevails *(13)*. Some years later he described thinkers who inhibited their motility in order to think. These, he believed, contrasted with 'rapid thinkers who move around in order to retard the overwhelming onrush of their ideas' *(14)*. Ferenczi appeared to be in agreement with Freud when he wrote: 'The regular parallelism of motor innervations with the psychic acts of thinking and attention, their mutual conditioning, and frequently demonstrable quantitative reciprocity, speak at any rate for an essential similarity in these processes' *(14,* p. 231*)*.

Freud and Breuer used their clinical observations of individual predilections for certain motor patterns as an index of differences in the nervous systems of individuals. They wrote: 'We are familiar with the great individual variations which are found in this respect: the great differences between lively people and inert and lethargic ones, between those who "cannot sit still" and those who have an "innate gift for lounging on sofas", and between mentally agile minds and dull ones which can tolerate intellectual rests for an unlimited length of time. These differences which make up a man's natural temperament are certainly based on profound differences in his nervous system—on the degree to which the functionally quiescent cerebral elements liberate energy' *(18)*.

RECENT STUDIES OF MOTILITY

As analysts' interest shifted from the drives to the ego functions, they have laid aside the early theories based on neurophysiology and on observation of movements. Study of character formation has occupied psychoanalytic thought ever since, whereas research on temperament, as expressed in both motor patterns and styles of thinking, has become almost obsolete. Yet the concept of discharge of psychic energy has remained important.

Papers concerned with rhythmic and nonrhythmic patterns of motor discharge have been few. Kris *(33)*, in a study on

laughter, said that 'in states of sensuous excitement everything presses forward with a different rhythm'. He quoted Glover's statement that the motor apparatus functions in many ways reminiscent of infantile motility *(26)*. Since the id 'has no expressive behavior', Kris postulated that only ego controls can alter primitive forms of rhythmicity into mimetic expressiveness. When the ego is overwhelmed by instinctual forces, a breakthrough of rhythmicity becomes evident in the shaking of laughter, in uncontrollable crying and sobbing. This type of rhythm, Kris pointed out, differs from rhythmic motility controlled by the ego. Perhaps we may restate the opinion of Kris as follows: the primitive rhythm of affective discharge as it is modified by the ego becomes a vehicle for nonverbal communication.

Kris' attempt to delineate the regulatory influence of the ego upon the primitive rhythmic discharge in laughter remained a unique contribution to the study of hierarchy of functions and change of functions (Hartmann [*28*]) until Erikson classified successive modes of ego organization, derived from drive discharge patterns *(10, 11)*. In 1952, Jacobson *(29)* examined the pace of psychic discharge processes and subsequently Greenacre *(27)* distinguished two types of rhythm in infantile motility. Piaget examined one aspect of the rhythmic quality of neonatal movements *(40)*. He pointed out that the early rhythms, such as the alternating opening and closing of the mouth, observable in the neonate, are given up in favor of a 'regulation' which controls later more complex behavior. Unfortunately Piaget did not pursue the study of motor rhythms and regulations of motility.

Although both academic and psychoanalytic developmental psychology are based in good part on observation of motor behavior, no systematic study of rhythms of motor discharge has been attempted. Deutsch *(6, 7, 8, 9)* analyzed posture and movement chiefly as they relate to the understanding of the subject's hidden thoughts. Fries *(23, 24, 25)* was the first analyst who tried to relate early motor behavior with later psychic mani-

festations. Her classification of temperaments as 'active', 'moderately active', and 'quiet', however, did not take into account the individuality of the motor rhythm. She did convey the impression that characteristic, though not well-defined, motor patterns are detectable in early infancy. Many subsequent studies have shown that one of the most important differences between early and later behavior is in motility *(1, 5, 12, 16, 17, 38, 39, 40, 42, 43, 44)*. But the lack of classification of infantile and adult qualities of movement made it difficult to compare early and later forms of motor behavior. Motor development has been primarily appraised by tests of specific achievements such as grasping or sitting, rather than of qualities or sequences of movement.

CLASSIFICATION OF MOVEMENT

About ten years ago I initiated a pilot study for the classification of movement. Three infants were observed and tested in the nursery and later at home.[1] General behavioral data were recorded with the aim of correlating them with corresponding movement patterns. Early recordings of movements were descriptive. Later recordings consisted of freehand tracings of the rise and fall of the flow of movements. Eventually the movement assessment method, as originated by Laban and developed by Lamb, was used *(2, 3, 34, 35, 36)*. While Laban's test was geared to the study of adaptive motility, the tracing of the rise and fall of flow was useful for the study of motor rhythms.

Rhythm notation consists of the recorder's freehand drawing of the increase and decrease of muscle tension during movement. It is based on the observer's kinesthetic mirroring identification with the observed subject. The tracing must be done

[1] Dr. Jacqueline Friend observed and tested the children regularly from the ages of three to twelve months; Dr. Stephanie Librach took over this task for several months of their second year. Dr. Sibylle Escalona tested them at fourteen months and Dr. Florence Halpern did so just before and during late latency. Irma Bartenieff recorded their movements several times in the years of latency. I am indebted to these investigators for their observations and evaluations.

with free-floating attention while at the same time one has to judge the rate of increase of tension, the degree of the intensity reached, and the frequency of fluctuations of tension during a given sequence of movement. One must note whether the tension of agonistic and antagonistic muscles is such that the movement appears inhibited or the relaxation of the antagonists has led to free motor discharge *(32)*. The attitude of free-floating attention is tempered by these considerations as well as by the recorder's awareness of her own preferences for certain rhythms which tend to distort kinesthetic perception and reproduction of another person's movements. (Note the similarity to countertransference.)

In the beginning of the study, it was possible to observe motor rhythms in gratification, frustration, random movements, and play. After the first year the data on gratification and frustration rhythms were not readily available. But the increasing availability of verbally communicated psychic content made it possible to study the correlation between ideation and rhythms of motor discharge.

The following two reports focus on the description and interpretation of motor rhythms. The preliminary report, which covers the time of the neonatal period to nine months, was originally written in collaboration with Dr. Jacqueline Friend and was presented at the Arden House Conference in 1954 (see Anna Freud's discussion [*15*]). In this preliminary report an attempt was made to correlate the behavior of infants and their mothers with changes in the infants' patterns of movement. Intuitive predictions formulated at that time will be re-examined later in this paper where the follow-up study, covering data accumulated during almost ten years of periodic observation and testing, is discussed.

PRELIMINARY REPORT OF THREE INFANTS

Rhythms of infantile movement seem to be determined by a congenital pattern. Preferences for certain rhythms may per-

sist into adulthood even though movement becomes more complex as the nervous system matures. As the child grows up, fantasies provide content, add purpose so to speak to forms of excitation and discharge congenitally determined.

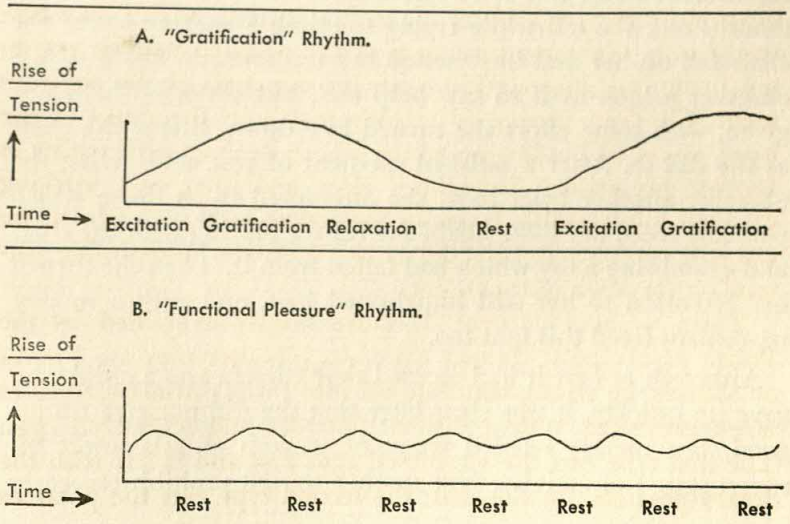
The infant is likely to respond to stimuli from the outside world as he does to stimuli from within. Sequences of excitation, gratification, and relaxation, which are dictated by inner needs, may be inappropriate for successful adaptation to the environment. If such 'undesirable' patterns are encouraged they may become fixed, indelible foundations of personality traits. But premature consistent interference with congenitally preferred motor patterns may retard development or enhance the early formation of rigid defenses. In either case we observe the beginnings of later pathology in the first year of life. Fortunately the early disturbances are often overcome, not only because young children respond quickly to better handling, but also because even if the environment does not improve, the infant is often able to recover by use of his own resources. Especially in the latter part of the first year the child becomes increasingly able to learn from his own experiences, achieving relative independence from the adults in charge of him. He is often successful in finding his own solutions, which may represent only slight modifications of the original pattern yet do not bring him into conflict with the demands of the environment. Children unable to recover may join the ranks of the many so-called borderline adults whose dealing with reality is forever precarious. Sometimes after analyzing and working through innumerable layers of the fantasies of such adults, we are still confronted with the same repetitive 'undesirable pattern'—a form without content.

'Form without content' is more simply explained by the Polish psychologist, Janusz Korczak. Whether they are Franks or Shmuls, he wrote, children fall into three distinct categories when presented with a dish of potatoes and scrambled eggs. The first type eats the scrambled eggs first and is left with the dreary potatoes for the end; the second type eats the potatoes

first, keeping the scrambled eggs to the last possible moment; and the third wisely mixes the potatoes and scrambled eggs, thus enjoying both throughout the meal.

The three children we observed seem to fit Korczak's classification of types. Each of the children had a decided preference for certain forms of motor discharge which could be noted not only in such excitation-gratification-relaxation cycles as occur before, during, and after nursing but also in random activity, play, and early achievement. Greenacre *(27)* has contrasted rhythms of gratification with those of 'lolling' movements in infants. A similar but not identical subdivision will be used in this report; namely, 'gratification' rhythms and 'functional pleasure' rhythms *(30, 31)*. In our three subjects these rhythms were intrinsically related to each other. The motor patterns during activities giving functional pleasure appeared to be miniature duplications of the more intense rhythmic discharge during periods of excitation, gratification, and relaxation (see Illustration 1).

Illustration 1. A. "Gratification" rhythm.
B. "Functional Pleasure" Rhythm.



I

Glenda resembled Korczak's first type, who ate the scrambled eggs first and then the potatoes. From the start she drank her milk for a short time only; her initial interest quickly waning, she would fall asleep and cease to suck. Her mother was able to feed her frequently, but briefly. When the time came to spoon-feed her, she was presented with spoonfuls in rapid succession so that feeding time was still a brief affair. Glenda showed extreme agility from birth. In the hospital she would propel herself to the very end of her bassinet. She did this lying on her back, a feat that provoked admiration not only from the nurses but also from people visiting other babies. She propelled herself by successive cycles of leg motions and rest periods. When, after several alternations of motion and rest, she arrived at the head of the bassinet and could move no farther, she would cry.

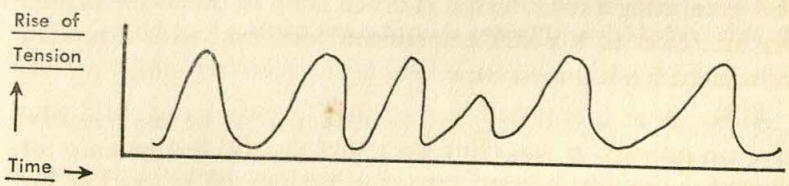
Soon after Glenda went home, her mother recognized the infant's need to move in the crib and ceased covering her tightly. As a result of this understanding between mother and child, Glenda was able to develop freely and became extraordinarily resourceful when left to her own devices. When she was nine months old, she fell while trying to climb a rocking chair; the chair fell on her and imprisoned her underneath. She gave the observer a look as if to say 'help me', but when no help was given, with some effort she turned face down, lifting the chair as she did so. After a satisfied moment of rest, and giving the observer another brief look, she attempted to sit down which partially freed her foot. Again she rested, playing with the chair and examining a toy which had fallen from it. Then she turned her attention to her still imprisoned foot, and with a sudden movement freed this foot too.

Although at first it had seemed that Glenda was a child who gave up quickly, it was clear later that she did not give up for good, but merely needed frequent periods of relaxation between spurts of activity. Her mother started prohibitions early

and these soon became quite effective during certain phases of her cycles of excitation and relaxation. She adopted the moments of prohibited activity as her rest periods, experiencing them, it seemed, as pleasant interruptions (or, better, as interpolations) quite in keeping with one phase of her preferred rhythm. When the prohibitions were not given at the start of an activity, they did not seem to represent interferences or interruptions. At nine months, for example, Glenda was creeping to the bathroom. When she came close to it, her mother told her not to go there. She immediately stopped creeping, sat down, and looked at her mother pleasantly. After a short interval, she proceeded to creep in the forbidden direction again. But an admonition that coincided with the onset of her creeping had no effect.

Two changes in rhythm which later became noticeable did not seem to be related to maternal interventions. Glenda's periods of rest became even shorter than before, perhaps because of an increase in motor impulses. On the other hand, Glenda became cautious at times. Instead of suddenly plopping down from standing, she now released her hold on the supporting object, such as a chair, more gradually. Through her own experience of climbing and falling she may have learned that sudden drops in muscle tension are followed by displeasure. Glenda's preferred motor rhythms can be represented graphically.

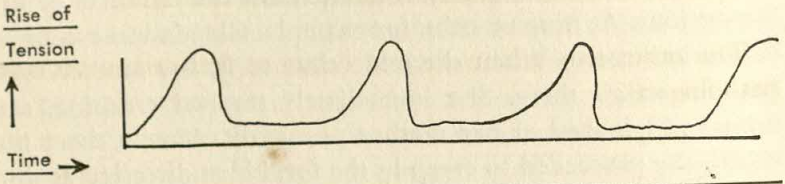
Illustration 2. Glenda's preferred rhythm



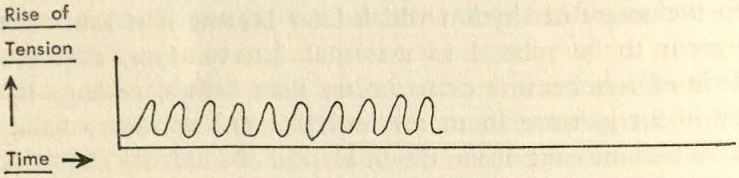
To be more precise the observed rhythms would be subdivided as follows:

Illustration 3. Subdivision of Glenda's rhythms at nine months.

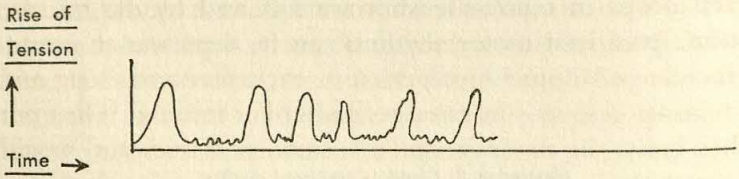
A. "Gratification" Rhythm.



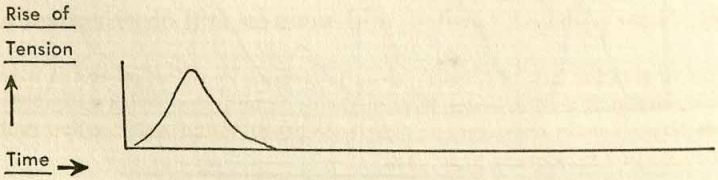
B. "Functional Pleasure" Rhythm.



C. Small Movements During "Rest" Periods, not reported in the above description (see Follow-up Report). It is not clear from the record when they began.



D. More Gradual Release of Tension, observed at nine months.



Glenda was a well baby, relatively free of conflict even though she preferred a pattern of motor discharge that began abruptly and ceased prematurely, not permitting prolonged uninterrupted activity. Despite a serious sickness at the age of five months, which led to hospitalization for several days and separation from her mother, Glenda steadily progressed in her development and was a happy, contented, normal child.

The other two infants showed behavior destined to become pathological.

II

Nancy roughly resembled Korczak's second type: she might keep her scrambled eggs until the last minute. She was quite hungry in the hospital and her formula had to be increased several times in her first few days of life. Long before feeding time she would cry, move about, and only briefly find some satisfaction. When nursing from the bottle she did not appear avid, but showed signs of great enjoyment. Soon after feeding, however, she seemed dissatisfied. She acted as if satiation was never possible.

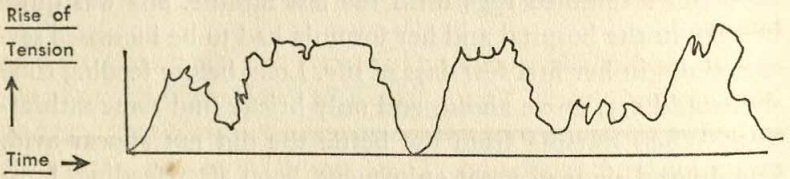
Her movements gave the impression of an irregular staccato rhythm. Even in what seemed to be peace, there was an irregular increase of tonus.[2] Her period of excitement was long and her relaxation short. She cried soon after her feeding. When put on her belly, she made irregular locomotor strides and would end up at the head of the bassinet, rooting with her mouth like a puppy in search of food. For this type of locomotion her good tonus served her well. In contrast to Glenda who moved like a dancer, Nancy jerked, pushed, and went on and on relentlessly.

[2]Tonus is used for lack of a better term; it pertains by definition to the state of muscle tension at rest. A better term might be 'bound flow' which adequately describes Nancy's main characteristic. The concepts of bound and free flow will be introduced in a subsequent paper *(32)*.

She seemed to be in a perpetual cramp except when deeply asleep for a brief period shortly after feeding. In a frantic way she would maneuver her head and arms until she sometimes got her hand into her mouth; occasionally she would hold one hand with the other in order to accomplish this. Complete relaxation would then ensue just as after feeding, but soon her hand would fall out and the struggle would begin again; she would stiffen, cry, and appear to 'seek' with head, mouth, and hands.

Nancy's curve of excitation, gratification, and relaxation might be drawn as follows:

Illustration 4. Nancy's "rhythmicity".



Nancy's mother responded to her urgent need by appeasing her quickly, not allowing her to cry. But no sooner did the child get home from the nursery than feedings by her mother ceased. Her bottle was propped on a pillow and the baby was left to fend for herself. When she lost the nipple, she sometimes retrieved it but at other times could not. Whether by natural inclination or because of the frustration caused by losing the nipple, Nancy would fall asleep holding the nipple in her mouth. When grasping developed the mother handed her two spoons; Nancy would hold a spoon in each hand for most of the day and sometimes even during the night.

The prop-feeding prevented Nancy's moving around much. Lying on her back all the time, she soon started to raise her head and maintain this position for long periods. She was slow

to sit without support because she attempted to sit stiffly, raising her head and trunk; this exposed her to the danger of losing her balance and falling backward like a board. She was unable to creep in a normal fashion, probably because she had hardly any practice in the prone position. When at eight months she finally jerked herself around onto her buttocks and propelled herself grotesquely on one thigh, her mother was amused.

Nancy's mother discouraged her moving about but urged her to rock rather violently, in a way reminiscent of the forceful pushing forward in her earliest months.[3] Although she cried easily and could be consoled only by being picked up by a member of the family, her mother considered her a peaceful, untroubled child. Nancy's facial expression, however, seemed tense, anxious, and sad. Her motor retardation, peculiar locomotion, and inability to play with objects did not worry the family.

The mother's frequent prohibitions and commands, such as 'stop crying', 'rock, Nancy, rock', or 'stop rocking', were absorbed in the numerous tension states of the child's sequence of excitation and relaxation. These prohibitions and commands became rigidly enforced and fixed. The degree of Nancy's obedience was demonstrated, for example, when her mother forbade her to interfere with the eating utensils during feeding. Soon thereafter Nancy, aged eight months, was being fed her favorite custard, in each hand holding a spoon while her mother fed her with a third spoon. When, at the observer's suggestion, her mother removed the two spoons from Nancy's hands and the observer offered her the feeding spoon, she would not reach for it. Her arm and face stiffened. She withdrew her arm from the spoon when it was brought nearer to her hand, apparently not only unable to accept it but also actively avoiding it.

At nine months there was a change in Nancy's behavior. She still looked stiff and tense but she now was able to release ob-

[3] In retrospect we must note that neither rocking nor pushing were done with force but rather by an alternation of explosiveness and inhibition which gave the observer an impression of forceful violence.

jects. After her return home from the hospital soon after birth, her stiffness and tension had increased considerably so that her newfound ability to relax and release was the more striking. She seemed so fascinated by this experience of release that she even used it while eating. She would drop her lower jaw and let food spill out of her mouth, despite her obvious enjoyment of it. There was however a peculiar quality to her movements of release. They were almost casual, slow, and meek, giving the impression of involuntary movements in absentmindedness.[4]

Nancy's environment steadily supported her tendency to hold on tensely. Unless her ability to relax, which she developed at nine months, could free her from the pervasive tonic pattern, her subsequent development could be expected to be further hampered by lack of practice and her personality to suffer from an unusual rigidity of ego and superego.

III

From the start Charlie impressed one as likely to be the type who mixes potatoes with scrambled eggs (Korczak's third example). Particularly noticeable were the intensity and persistence with which he responded and his unusual ability to absorb and enjoy experiences ordinarily felt as unpleasant, frustrating interruptions. The impression of persistence and intensity was created by a smooth, gradual increase of excitement that would not deviate from its course despite disturbing stimuli and would rise to a high plateau.

During nursing Charlie made sounds of delight of an orgastic quality. He would persevere in drinking unusually steadily

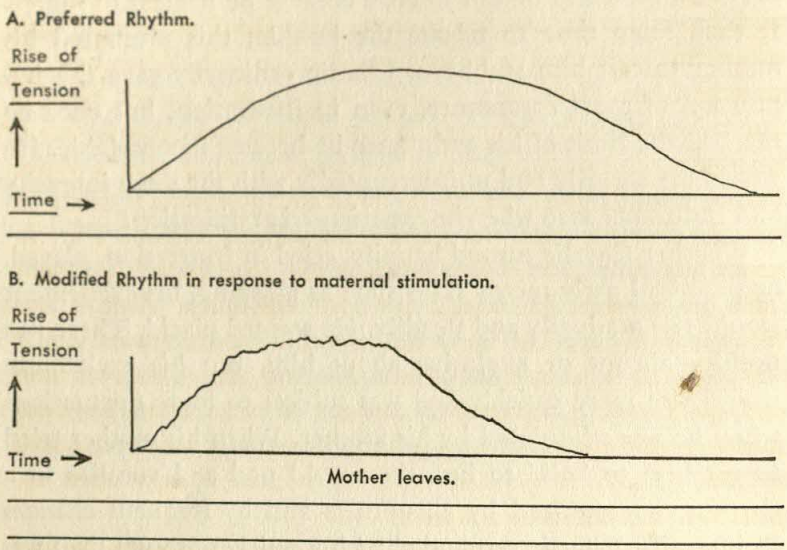
[4] Even as a neonate Nancy could pass from stiffness to limpness. Glenda at nine months had learned to inhibit her preferred explosive discharge while Nancy at the same age was going from the extreme of cramping, not to controlled release but to limpness, which only accidentally produced release. Thus Nancy did not really acquire control; she merely relinquished inhibition.

for prolonged periods, all the while watching the constant coming and going of his family and neighbors. If he stopped drinking for a moment, he did so only because he needed to 'burp'. It took some time to release the bubble; this prompted his mother to call him stubborn. Charlie ordinarily gave the impression of great composure, even in frustration, but once he reached the limit of his endurance he became inconsolable. He would cry steadily and uninterruptedly with the same intensity and endurance seen when he experienced gratification.

Whether Charlie nursed happily, cried in frustration, played, or practiced early motor skills such as grasping, his excitement would rise gradually and steadily. He seemed placid. There was nothing abrupt or explosive about him, but his excitement would rise more quickly and was subject to more fluctuations when he was stimulated by his mother. When his mother tried to get him to 'talk' to her, she would nod and vocalize in a rhythm characterized by abruptness and by frequent changes in intensity. Charlie responded with a quicker arousal than was usual for him. His motility seemed to mirror his mother's fluctuating pace. When only a few weeks old, he 'talked' back to his mother with great excitement. His face would get red, his trunk and neck would strain forward toward her as he vocalized in response to her voice and movement. His excitement would not cease when the stimulation stopped. When she did not return to his side he became frustrated much quicker than was usual for him.

The change in rhythm of motor discharge which Charlie displayed in response to his mother may have been due to his natural tendency to arouse more quickly in response to the type of rhythm with which she stimulated him. It may have been even then an adaptation of rate of arousal to better mirror his mother's excitation pattern. His usual rhythm of motor discharge and the modification of it in response to his mother's stimulation are illustrated as follows.

Illustration 5. Charlie's rhythms. A. Preferred Rhythm.
B. Modified rhythm in response to maternal stimulation.



Charlie sat up early and was skilful in reaching for toys. He was used to being fed or bathed in a very busy, noisy kitchen where he also sat in a low chair and played. Occasionally he would stare ahead with 'glassy' eyes in a manner that suggested that he was then oblivious to his surroundings. By the time he reached six months, Charlie, who had been able to absorb a variety of stimuli and could enjoy many experiences simultaneously, began to show signs of shock and withdrawal. He refused to reach for toys and protested when he was taken into the kitchen. He preferred to be left alone in the crib where he played peacefully with his hands and feet, for which he reached quite well. He drank his milk less happily than before. By the time he was seven months old, he refused solids, especially while teething. Even at nine months when there was beginning evidence of recovery, his mother found it impossible to feed him solids except when he was ready to accept them. No coax-

ing and no distraction helped. This 'negative' period taught the family a lesson: no one can force Charlie.

Yet it would be incorrect to say that Charlie was negative and withdrawn during the few months he refused to mingle with others and preferred to be by himself in his crib. When one approached him there in a friendly way, he still smiled broadly and talked his baby language. If one did not insist that he reach for toys while sitting, he could be coaxed to do so after a while. But he would choose the toy he liked and play with it when he felt like doing so, and not when it was offered to him. The observer was able to feed him solids at the time he refused them from his mother. He would not take the spoon when it was brought to his lips but he would move his mouth toward it if it was patiently held in front of him. Feeding him at his own time and speed took a tremendous amount of time, which his busy mother could not possibly give him. Treated in ways acceptable to him, Charlie responded well; he withdrew only when approached in a different manner.

What went wrong? Why did Charlie give up activity he had started to enjoy? We can only guess. There are probably several cumulative reasons for his regression. His enjoyment of oral gratification was spoiled by the introduction of solids, which was preceded by an earlier habit of propping the bottle for him rather than holding him. The solids may have been distasteful because of the impatient, quick way his mother fed him. This very intelligent, alert mother had neither time nor patience to feed in her arms a child who took over half an hour for most feedings. The quick succession of spoonfuls presented to him was more than he could endure. He could absorb interruptions but he could not accept hurrying. He protested against solids after a while by moving his head away and spitting. He refused toys because of the chaotic way they were given to him. Several toys were pushed at him at once, and quickly taken away before he had a chance to decide which one to take. Almost all toys were too large for his grip. To top it all, Charlie began to suffer intensely from teething and no relief was offered for his aching

gums. Putting his hands in his mouth was discouraged early and he did not seem to find his way back to it. Yet in other respects his mother could fulfil his needs very well. She would stimulate him vocally by an excited sing-song way of talking. The fact that he reacted to her intensely, rising to a high and persistent peak, was a source of great pleasure for her. His good relation to his mother did not really change during the period of self-imposed solitude. He gave up performing except at his own rhythm and still did not lose his broad, friendly smile when approached in the right way. He seemed to develop a successful method of passive resistance against interference with his own mode of life. Furthermore, he needed peace to cope with the pain in his gums. By nine months he already had six teeth and another one coming. It is possible that the experience of repeated relief from pain after each eruption of a tooth contributed greatly to his newfound ability at nine months to assert himself without having to resort to withdrawal and regression. He now wanted to sit with others and cried when someone took a toy away from him. He still refused solids most of the time. He evolved a 'no' gesture which he used well, although not always appropriately. He began to fight for his own rights which his active family had to respect.

Charlie's curve of excitation-gratification-relaxation did not change in the period of withdrawal. He merely refused gratification that did not conform to his pattern. His placidity and relaxation remained essentially the same. His old tenacity was used successfully in his insistence on withdrawal. After the period of withdrawal was over, his ability to absorb and enjoy several stimuli at once was not lost. He became, however, very selective in what he enjoyed, but continued his interest in various activities that required synthesis and organization. He became an excellent imitator and a good learner. He played pat-a-cake very easily, but only if his mother kept a certain rhythm in reciting the jingle to him. He refused to fall asleep unless his mother sang a special pat-a-cake tune at his bedtime.

Despite all the efforts of those about him to bend Charlie's

rhythm to fit theirs, he seemed to remain basically unchanged in temperament. The tenacity and rigidity with which he held onto his innate rhythm led to early conflicts. For a while it seemed that withdrawal and restriction of his ego would result, but instead he came out of these conflicts with his environment with signs of an ego development ahead of that of Glenda, the healthy child.

As we completed our nine-month observation of Glenda, Nancy, and Charlie, we made predictions—or perhaps we should say, asked ourselves questions—about the future development of the three children.

'Were it not for a number of complicating factors, omitted here for the sake of clarity, we might be able to predict the ideational content to which these early patterns may lend themselves in the future. Will Glenda develop a strong penis envy which will be quite difficult to resolve because she will only give it up for short periods to resume her fight for it again and again? Will Nancy hold on to what seemed to her an all-giving mother with iron clutches and develop an everlasting hatred for her because of the frustration this mother is bound to inflict upon her? Will Charlie hold on to his masculinity with determination and strength throughout periods of passive withdrawal? Will Glenda be inclined to incorporate and project in quick succession and Nancy tend to incorporate persistently? Will Charlie be able to relinquish his œdipal attachment to his mother quickly to transfer it to someone more suitable to him in temperament? Will he merely withdraw without much hard feeling or will he progressively turn to his more placid father, creating a united front with him against the rest of the family? Maybe we shall find out; maybe not.'

ANALYSIS OF PREDICTIONS MADE IN THE PRELIMINARY REPORT

The questions asked concerning the future of the three children can be classified as intuitive predictions *(4)*. They differ in fo-

cus: some refer to drive specific wishes, others to defense mechanisms, and still others to object relationships. The clearest prediction concerned the children's temperament. Glenda was expected to become a person who habitually alternates between initiative and giving up. Nancy was expected to become rigid and clutching. Charlie was expected to become a placid individual who would be capable of holding on with strength and determination. These predictions were based on the assumption that the children's preferred motor rhythms would be discernible in their future activities.

By implication, the children's preferred motor rhythms were correlated with specific zonal modes of drive discharge. The prediction of penis envy and of incorporation and projection implied that Glenda's dominant motor rhythms were appropriate for phallic and oral forms of discharge. The emphasis on clutching and on persistent incorporation suggested that Nancy's habitual motor rhythms were representative of oral-sadistic trends. The possibility that Charlie would hold on to his masculinity with determination throughout periods of passive withdrawal indicated the proneness to conflict which was predicted for him. Charlie's favored motor rhythm apparently suggested a propensity for anality but his response to his mother's stimulation was taken as an indicator that phallic trends would vie with the dominant anal drive organization.

The behavior of the children from infancy through latency was used to test the validity of the following intuitive predictions which were suggested in various ways in the preliminary report. The congenitally preferred rhythms of motor discharge would be discernible in whole or in part, with or without modification, in the children's motility and actions. The preferred motor rhythms of early infancy would be modified by maturation as well as by interaction with maternal motor patterns. Features of the preferred rhythms of discharge which were enhanced by the environment would not only become discernible in the children's temperament, but would decidedly influence

their character formation, normal or deviant. Clashes between the child's and the mother's preferred rhythms of motor discharge would lead to specific conflicts and corresponding pathology. The preferred rhythms of motor discharge would prove to be representative of specific forms of drive discharge: phallic and oral in Glenda, oral-sadistic in Nancy, and anal in Charlie.

These predilections would lead to the following personality traits:

Glenda's propensity for sequences of phallic and oral discharge forms would lead to: 1, strong penis envy; 2, a temperament in which giving up for a very short time would alternate with reinitiating activities; 3, quick alternation between incorporation and projection.

Nancy's 'oral-sadistic' rhythm of discharge, if those about her continued to encourage tonic holding, would lead to: 1, unusual rigidity (perhaps of ego and superego); 2, ambivalent clutching and a hateful relationship to her mother.

Charlie's innate rhythms (gradual steady increase of tension to great intensities, maintained on a plateau and followed by a gradual descent), possibly suggestive of an anal form of discharge, together with his early ability to respond increasingly promptly to his mother, would lead to: 1, a temperament characterized by placidity, determination, and strength, unhampered by periods of withdrawal; 2, proneness to conflict and premature ego development; 3, a quick giving up of his œdipal attachment to his mother and a turning toward his father.[5]

FOLLOW-UP REPORT OF THE THREE CHILDREN

Glenda, even in the neonatal period, displayed a tendency toward sudden rises to high tension, and sudden abatement of it.

[5] It is interesting to note Dr. Escalona's remarks to the children when they were fourteen months old. To Glenda she said that she need not do the suggested task right away, she might come back to it later. To Charlie, she said encouragingly that he could do what was asked of him in his own way. Nancy, who could not relinquish test objects, was told that she could let go of the test items so that she might turn to a new thing offered to her.

After a short 'rest' she would abruptly resume her activity. (See Illustrations 2 and 3.) Glenda has continued to favor this rhythm of motor discharge over others. It is very likely that this particular rhythm is expressive of phallic discharge modus. Whenever Glenda's interest betrays an intense phallic preoccupation, her originally preferred rhythm of motor discharge becomes more intensified than is usually the case.

Before Glenda was one year old, her 'rest periods' were frequently occupied by a motor activity which consisted of sharp reversals between small amounts of inhibited and free discharge of tension (see Illustration 3). Because of the deficiency in the early recording, it is not clear when this type of rhythm began to be noticeable. It may well have started in the beginning of the oral-sadistic phase. When Glenda's brother was born, she was four years old; she became preoccupied with fantasies of biting and fears of being bitten and eaten. At that time the rhythm of her 'rest periods' could be seen to accompany her oral-sadistic strivings. A 'biting and chewing'-like rhythm was now clearly recognizable. It permeated most of her movement at that time and even overshadowed her usual phallic thrusts. Even though the oral tensions decreased in time, they left a permanent trace in Glenda's facial expression. Her perioral muscles became tense and her hitherto charming smile became forced.

As expected, Glenda has become tomboyish. Her behavior and her communications betray a strong phallic interest. This trend has been supported by her particular family constellation. But maturation and training widened Glenda's repertoire of rhythms. In the anal phase of development she learned to inhibit the free flow of her movement and she began to use a more gradual rise and fall of tension when necessary. Her mother had been able to tolerate the rapid rise and fall of tension in early infancy, but problems of bowel training intensified her own propensity for a more steady and more gradual mode of functioning. Glenda's mother was always able to maintain

her excitement longer than her daughter. She was worried by Glenda's lack of enthusiasm for the pottie and pressed her to remain seated on it for a longer time than Glenda's inclination allowed for. A similar conflict arose later when Glenda found it difficult to sit still while doing her school work.

In the phallic phase, Glenda's preferred rhythm of motor discharge reigned supreme. Her mother took pride in her motor feats but expressed her conflict by both admiring and scolding Glenda for being on the go all the time and playing like a boy. At the same time she encouraged femininity by showering Glenda with dolls. Once when Glenda excitedly told a story which revealed sex play with a male playmate, her prevailing motor rhythm exhibited a wavy quality, which may have been vaginal in nature.

Pressed by her own needs, by her mother, and by the exigencies of reality, Glenda has evolved two distinctly different ways of behaving. One, when engaged in work, she seems tense, awkward, and unhappy; the movements of her writing, her drawing, and of other activities involving small muscle coördination, retain an oral-sadistic type of rhythm. Two, as soon as the arduous task is over, and even more evident when she can escape her mother's watchful eyes, she reverts to sudden eruptions of high tension; she jumps up like a jack-in-the-box and joyfully pursues her originally preferred phallic rhythmicity. Her purposeful, adaptive movements in gross motor activity have become skilful and she exhibits qualities of movement that attest her talent for motor feats. She does not mind sedentary activities as long as they do not last too long. What makes her unhappy is that she is not allowed to jump up periodically while she studies. She seems to fall in the category of Ferenczi's motor types *(14)*. Because her rest or work periods have been artificially extended beyond her endurance, Glenda does not function intellectually up to her capacity.

Even in the newborn nursery, Nancy evidenced a dysrhythmia difficult to classify but clearly suggestive of deviant devel-

opment. Her excitation was prolonged and intense, but most of all it was unpredictable in its course. She would go from prolonged stiffness to limpness of short duration. The strange quality of her states of tension was often produced by a mixture of cramping and limpness which would be followed by fluctuations between high tension, rapidly rising, soon subsiding, or persisting for a long time, and explosive eruptions of free and diffuse tension discharge.

Nancy's tendency to rigidity and cramping was encouraged by her mother, who provided her with objects she could clutch. Even though at about nine months Nancy was given more opportunity to move about freely and release her spasmlike contractions, her motility continued to be strange as she now tended to alternate rigidity with an exaggerated release to the point of limpness. At that time I asked: 'Will Nancy hold on to her mother with iron clutches and develop an everlasting hatred for her?' This did not happen. Instead Nancy developed a rigid attachment to her sister, who became her nursemaid and constant companion. Her aggression was openly expressed in unpredictable hitting out at her siblings.

Toward the end of the first year of life Nancy's rigidity combined with waxy limpness reached the point of catalepsy during sleep. Thereafter Nancy went through several periods of apparent relaxation of tension and greater ease. When her mother's encouragement of holding and clutching diminished, she became more mobile and caught up with motor functions in which she had been retarded. As she followed her 'softer' sister around, she became more pliable. When she joined the outdoor life of a group of children at about two or three, her excessive muscular tension subsided still more.

It is difficult to evaluate how Nancy's quite early toilet training influenced her development. Neither is it easy to say what changes occurred during her phallic phase at four or five. During most of our visits at that time and later in latency, she would sit slumped in a chair, speaking only when spoken to. She

would mouth, distort her lips into a snout, or pucker them, chewing real or imaginary objects. At the same time she would fiddle with her fingers, pulling and releasing, pressing, twisting, and picking, all in an aimless, contentless manner. She would snap out of this perseverative behavior to snatch something from her siblings or pull it away with tension rather than strength. Once she got hold of the desired object, she handled it in the same random style as she showed without it. Possessive and reluctant to give up anything, she would become still more tense while clutching an object, but she became limply compliant in the presence of her parents.

Only recently could I again see some signs of improvement which may or may not persist. During my last two visits, which occurred when Nancy was nine years and eight months old, the excessive mouthing was no longer a conspicuous feature of her behavior. The impression of violence she gave as an infant and at times as a toddler no longer existed. But her total behavior was still unpredictable and deviant. When she danced at my request, her movements were perseverative, automatic, and stereotyped. Even though she was failing in two subjects, she reported that her teacher thought her brilliant. Her learning is done by rote. How similar her thought processes have been and still are to her deviant motor patterns can be best exemplified by the manner in which Nancy at five or six, and even now at almost ten, would recount the story of Goldilocks and the Three Bears. According to Nancy, Goldilocks tasted the porridge of the big bear and found it too hot, then she sat down on the big bear's chair and that was too hot; then she lay down on the big bear's bed and that was too hot. When she was younger, she showed her native intelligence when asked why the bed was too hot. She would quickly answer that the bear lay on it so long that he made it hot. But now her powers of rationalization are hampered further by an immature form of 'repression'. At nine she thought for some time before she answered the question why the chair and bed were too hot. With a sheepish smile she

then explained that the sun had shone on the bed of the big bear and made it hot.

Both the records of movement and Nancy's total behavior suggest the following constellation of deviant drives. She seems dominated by several conflicting rhythms of discharge. Oral repetitive suckinglike tensions and releases, oral-sadistic biting, grinding, and holding seem to vie with each other and with various anal, anal-sadistic, urethral, and phallic spurts which hardly ever develop in an undistorted rhythm that is clearly recognizable. Whereas the 'anal', 'urethral', and 'phallic' ways of discharge almost disappear in the avalanche of oral impulses, the various kinds of oral discharge exist side by side. They seem to compete with one another and do not produce a compromise. To function Nancy must give in to one or another of her divergent rhythms, especially when there is enough environmental pressure on her to facilitate a selection. The inborn need for rigid responses which seem to be part of an oral-sadistic discharge rhythm (rocking, tensing) was fostered by early training and has become the main source of Nancy's primitive defense mechanisms. Threatened with being overwhelmed by too many divergent impulses, she responds by perseveration, the only means she has to prevent disorganization. Her mother has little to offer to help stabilize her modes of discharge of tension, and still less can she help her control diffuse discharge.

Nancy's early dysrhythmia seems to have been indicative of a clash between various oral libidinal and aggressive modes of discharge.

Even in the nursery Charlie gave the impression of being an important citizen. He looked and felt like a heavy viscous mass. He could respond to stimuli by a gradual increase of attention which attained high levels of intensity and only gradually subsided. In nursing he became increasingly excited and noisy, reaching a plateau of high excitement which gradually abated. He would fall asleep gradually and sleep long. His awakening was equally gradual, as he proceeded from depth to lightness of

sleep and on into several stages of awakening. Once he reached a high level of excitement he was capable of more explosive movements and of many more variations of level and quality of tension than during the rise and abatement of his excitation. He was both very responsive to stimuli and able to absorb them. During the time of gradual increase of excitation he took in visually and acoustically what was going on. When his mother stimulated him, his excitement rose quicker than usual. When he was undisturbed his movements evidenced a prematurely deliberate quality, although his coördination was by no means better than that of the other children. His transitions were smoother, his sequences much less disjointed than is usual for infants and young children.

His mother and his siblings were intense, energetic, and quickly changing. It was when Charlie began to sit with the rest of the family and had to respond actively to solid food as well as many objects offered to him that he began to withdraw; he would show a vacant stare that left him in a world of his own. Eventually he gave up reaching for objects handed to him, and occupied himself only with his bottle and parts of his own body which 'came to him' in his very own mode of discharge. This mode included not only the rhythm of discharge, but also the spatial configuration of stimulus and response. Charlie seemed to prefer to have objects presented in space so that he could reach for them by moving forward or laterally. His mother habitually fed him while standing, her body in half retreat and only her head bent forward and down toward him. The spoon approached him from above while his siblings piled toys on his table, thrusting them on him and removing them out of reach. He withdrew from the spoon by turning his head sideways. When the spoon was held in front of him long enough, he did reach forward and his lips got hold of it. When toys were presented to him and moved horizontally in front of him while he was in a supine position, he still took his time before he reached, but he could do so with greater ease by a forward and

lateral movement. When they were held too high, so that he had to direct his gaze and arm upward to get them, he would not even look at them. This does not mean that Charlie could not move in all directions. He tended to choose his preferred directions over others when he also had to do new things or adopt a mode of discharge that required a quicker and more fluctuating manipulation of tension than the one he naturally favored.

On realizing that she needed to adjust to Charlie's ways, his mother began feeding him with greater patience. But after some time she would slide back into her accustomed pattern of quick changes and alert readiness for new actions. It was hard to understand precisely the basic clash between Charlie and his mother, especially as it became clear that Charlie had a varied and rich repertoire of rhythms available to him. He seemed to function well, using all kinds of rhythms provided they were subordinated to his basic over-all rhythm of gradual rise and abatement of excitement. Once he reached a high enough plateau of excitement, he could include all kinds of variations of tension.

My prediction when Charlie was nine months old was that he would hold to his masculinity with determination and strength throughout periods of passive withdrawal, and would prove able to relinquish his œdipal attachment to his mother quickly so that he could transfer his allegiance to someone more suitable to him in temperament. Thus far this has proved false. Charlie's capacity to respond to people intensely and steadily tended to distort my objectivity. The wording of my prediction suggests that, because I believed that Charlie's natural inclinations must be respected and that his struggle was deserving of support, I sided with the child against his mother.

As a toddler Charlie conquered his mother's preference for standing up; he insisted that she sit down and hold him on her lap. The intensity of his desire and the ponderous fashion in which he gave orders pleased and amused his mother. There was an excited quality about their relation, already presaged by the 'talks' they had when Charlie was only a few weeks old.

Even in infancy Charlie alternated between constipation and loose stools. The period of toilet training was prolonged and the bathroom became the focal point of Charlie's relation to his mother. She had to sit there with him and engage in conversation long after he was able to attend to his own toilet needs.

His phallic needs became most evident in the bathroom, where he would also go when his mother was using it. He had begun to call his penis a 'boy' and he insisted for more than a year that his sister and especially his mother had one, even though he was allowed to observe that he was mistaken. With further progress of the phallic stage he seemed to adjust better to his mother's and his siblings' prevailing agility; but his speech became increasingly sexualized and he began to stutter. The clash between what seemed 'anal' modes of movement and thought with those which served his phallic attachment to his mother resulted in a succession of cramplike holding and explosive outbursts when he wanted to interest his mother in what he had to say. His siblings reached her more quickly, but he could in effect hold her longer as she was forced to wait patiently until he managed to 'eliminate' his words. When speech training improved his stuttering, he developed a variety of tics. In time Charlie became competitive and played with children, but he soon began to prefer staying home with his mother to being outdoors with his friends and siblings.

Charlie's history is a near-decade of struggling to adjust to the needs of his mother and to bend her mode to his own. The compromise formation between his own preferred rhythm and other rhythms impinging upon him during different maturational stages, from within and from his family, has led to clearly neurotic disturbances in his latency period.

He suffers from severe disturbances of learning. In the first three grades he dawdled over his work and stared vacantly instead of finishing it. He became compulsive in his need for perfection, but his thought processes and movements decelerated so much that he failed to grasp and solve simple problems. Placed in a classroom with a progressive teacher he is now do-

ing rather well. But when his mother asks him a question that requires thought, he gets caught in a situation similar to his early feeding of solids. She stands over him, forcing herself to be patient, but she is ready to retreat in expectation of his failure. Only her head bends down to him. Their bodies are close but their gaze is apart. He begins to stare into space and slows down to the point of immobility. Her waiting only accentuates his failure and her leading questions fall flat as Charlie at that point is not accessible to her. He can answer the same question when the observer, approaching him at eye level, gives him ample time to gather his thoughts and helps him to arrive at the solution of the problem step-by-step. When he comes up with the right answer, he is sure of himself, yet he blurts it out explosively in triumphant, hasty speech.

Clinical data tend to strengthen the observer's impression that Charlie's preferred rhythm of excitation and discharge is of an 'anal' variety. This preference seems to be so strong that it colors and subjugates all other maturational phases and environmental influences. Faced with many divergent stimuli at five to seven months, when he was burdened by an influx of oral-sadistic impulses which clashed with his native rhythm, he had his hands full trying to cope with conflicting tendencies in himself. He had to withdraw from outside stimulations by his mother and his siblings who introduced what seemed a 'phallic' type of rhythm to complicate further his already extended battle front. His relation with his mother became quite intense and most satisfactory during the anal stage of development when normally mothers tend to regress to their own level of anality. It reached an even higher intensity in the phallic phase when he satisfied his mother's needs by consistently endowing her with a phallus and presenting himself to her as her phallus. But at the height of phallic interests, during the most intense œdipal relation to his mother, his stuttering became severe.

In latency, an obsessive trend threatened to take over. Toward the end of his latency, when early prepuberty began to appear, Charlie's blinking, shaking, and tic betrayed the renewal

of conflicts between divergent forms of motor impulses. These were based on the early clash between his mother's and his own preferred rhythms of discharge. They were also currently renewed by the disharmony between his mother's preferred adult patterns and his own matured motor qualities.

PREDICTION AND OUTCOME

The periodic observation of these three children from the neonatal through the latency period indicates a correlation between their preferred rhythms of motor discharge and their specific drive endowment. Certain features of their originally preferred rhythms are still in evidence today. A result of the study which had not been predicted is that two of the children (Glenda and Charlie) function better and enjoy doing things more if they are free to use their originally preferred rhythms. Modifications that occurred through maturation as well as through interaction with persons important to the children enhanced or diminished certain components of the originally observable rhythms, but they did not eradicate the children's preference for these motor patterns. A clash between Charlie's and his mother's favored motor rhythms, discernible in early infancy, did become a source of Charlie's neurosis.

While the general proposition that preferred motor rhythms would correspond to favored component drives proved to be correct for these three children, specific predictions about their personality traits, based on this assumption, had a varying outcome. Some could not be tested, others seemed correct, and still others were wrong.

Whether Glenda's phallic orientation is primarily due to her congenitally strong phallic drive cannot be established with certainty. There are indications that this trend has been supported by the family. Her mode of giving up after a short while and resuming activities again is now interwoven into a complex pattern of behavior. When left to her own devices she proceeds in this manner. When she has to do sedentary work she seems persistent enough but at great cost to herself. There is not sufficient

evidence of a tendency to incorporate and project in quick succession. Neither is it possible on the basis of observations and reports to judge the structure of her superego. What emerges instead with great clarity is Glenda's skill and enjoyment of activities in which she is free to use 'phallic' motor discharge. The 'oral-sadistic' rhythm of motor discharge is preferred in sedentary occupations, which Glenda neither enjoys nor excels in.

Nancy's early dysrhythmia seems to have been produced by a variety of unfused oral libidinal and aggressive rhythms of discharge. They often operate all at once, competing with each other and not allowing compromises with other forms of discharge. Until recently Nancy has continued to be very rigid and clutching. Her immature defensive structure seems to be based on rigid perseveration. Little can be said about her superego. We can say, however, that whereas Glenda has become a mildly neurotic child, Nancy remains highly deviant, possibly psychotic. There is some indication that she tends to incorporate persistently. The dearth of information about her behavior and her interests attests to the fact that her individuality can be best described as having 'form without content'.

Charlie's neurotic development can be traced since early infancy. His predominant rhythm since birth has been gradual ascent of tension from low to high levels, followed by a plateau of tension from which it gradually descends. This type of rhythm seems to correspond to one variety of discharge of anal drives (see Illustration 5). His mother tended to use abrupt rises of tension and was prone to many more fluctuations of tension than Charlie. The superimposition of this quality of her rhythm upon Charlie's own gradual and steady mode has led to early clashes between them. It has contributed significantly to Charlie's neurotic symptoms and traits. He has remained determined and placid but in his symptoms one can detect a vying between a gradual and an explosive ascent of tension. He did not give up his strong attachment to his mother, and there is no evidence that he turned to his father. His premature ego development may have fostered his neurotic solutions, and these in

turn resulted in a restriction of the ego. It has remained clear throughout his development that he functions better when allowed to proceed in accordance with his congenitally preferred anal rhythm of discharge.

COMMENTS

The method of rhythm notation which was developed during a near decade of study was not used in the beginning of the observation of these three children. Descriptive recording does not do justice to the variety and combinations of rhythms observable even in the neonate. The classification of motor rhythms into 'oral', 'anal', and 'phallic' constitutes only a beginning of the study on correlations between motor rhythms and drive discharge. It is possible that only a few children show as pronounced permanent preferences for certain rhythms as could be seen in this pilot study. (Compare the views of Escalona and Heider [*12*].) It seems likely that a notation of motor rhythms will permit the detection of preferences for certain combinations of rhythms which may be representative of drive constellations. A comparison of motor rhythms with rhythms of autonomic responses (heart rate, blood pressure, respiration, etc.) would be helpful in examining the possibility that there is a central regulation of rhythms specific to processes of discharge of particular component drives, as hinted by Freud and Breuer *(18)*. Rhythms of discharge through various channels need to be correlated with rhythms of stimuli which, according to Freud, may explain the physiological substrate of affects *(21)*. Within the narrow confines of my study, I could only record early and later motor patterns which emerged with the progressive differentiation of id and ego.

As the rhythmicity of movement observable in these young infants became modified and incorporated into more complex patterns, the recording of rhythms alone did not suffice for the study of the role of motility in the children's development. As the ego took over the controls of motility, the original rhythms

were altered by regulatory mechanisms ranging from primitive inhibition to adaptive controls which related to space, gravity, and time. Moreover, the shaping of movement went through different developmental stages that reflected changing relationship to objects. Further papers, based on the same pilot study, will consider how the ego regulates motility and adapts it to communicative expression *(32)*.

CONCLUSION

Observation of three children from birth to about ten years of age suggests several areas for study in a larger number of subjects.

1. Preferences for certain rhythms of movement in early infancy.

2. Maturational and environmental influences that modify the originally preferred rhythms.

3. Early manifestations of disturbed development due to clashes between the rhythms of infant and mother.

4. Later behavior which may be derived from motor rhythms.

5. Identification of specific motor rhythms as expressive of specific drives such as oral, anal, phallic, and others.

6. Transitions between drive and ego dependent motility.

7. Methods of notation that would permit objective differentiation between rhythmic discharge of tension and the more mature components of movement which serve complex ego functions.

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SOME SUGGESTIONS FOR TREATING THE DEPRESSED PATIENT

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Most depressed patients who consult psychoanalysts do not have the more severe forms of depression that are diagnosed as 'depressive illness' but suffer essentially from neurotic disorders. Furthermore, since most neurotic patients feel depressed to some degree, in practice one is confronted more often with a depressive component of neurosis than with a typical depressed state. Treatment for many depressed patients therefore uses the general techniques of psychotherapy and psychoanalysis; yet when a patient is even slightly depressed therapy must be influenced by our understanding of depression as a disturbance of the ego. Bibring *(2)* defined 'basic depression [as] a state of the ego whose main characteristics are a decrease of self-esteem, a more or less intense state of helplessness, a more or less intensive and extensive inhibition of functions, and a more or less intensely felt particular emotion'. This definition applies not only to depressive illness, but also to the whole range of lesser degrees of depression found in neurosis.

The numerous contributions of psychoanalysts to depression have been ably summarized by Mendelson in his comprehensive review of the literature *(14)*. Most of these contributions deal with theory and only a few refer to treatment. This paper contains suggestions for treating depressive symptoms and neglects consideration of other aspects of these patients' neuroses. This does not mean that the author believes that therapy of every neurotic patient with depression should be directed chiefly at the depressive symptoms; that is not so. Nor is treatment of depression a simple matter, though a condensed paper such as this may make it seem so. The suggestions presented may have to be repeated, modified, and combined with other therapeutic

efforts in a variety of ways over a period of months or years. The analysis of depressive currents, either in psychotherapy or in psychoanalysis, is no less difficult and prolonged than that of other aspects of neurosis.

GENERAL CONSIDERATIONS

Many patients with definite signs of depression are not conscious of feeling depressed. They may complain of fatigue, insomnia, or other symptoms, and may require much analysis of their defenses against depressive affect before becoming aware of it. A twenty-year-old male college student, who entered therapy because of academic failure, initially complained of severe fatigue but denied feeling depressed. It was found that this denial was his defense against the memory of a sister's suicide and against feelings of weakness and lack of masculinity, which were equated in his mind with being depressed. It was only after the reason for the denial was clarified that he became aware of his depressive feelings.

In some patients, depressive feelings may not be denied but remain unrecognized or poorly defined until the therapist points them out. By using the term 'depression' or 'depressive feelings' at appropriate times, the therapist can give the patient a label to apply to his psychic state which is so often experienced with bewilderment and fear.

Some depressed patients may express the same self-critical complaints over and over again—the 'broken record' response. Such a patient may be helped to see that by this he is avoiding exploration of his problems, and that by directing all his complaints against himself he is blotting out the external world. The therapist, by exerting gentle continuous pressure and introducing topics which he thinks the patient can discuss, may often help him talk of a wider range of subjects. Also, by asking specific questions the therapist may help the patient overcome his inability to talk about particular subjects and furnish those details conspicuously absent. If the therapist is too passive, the

patient's silence may increase, or he may become drowsy, and after each interview may experience a sense of failure with increased depression. Unfortunately, the reluctance of some therapists to use active techniques such as asking questions may hamper their treatment of inhibited patients. Such reluctance may occur in those who believe a good analyst or analytically oriented therapist is not active in his therapy. It may also occur in those who are somewhat inhibited themselves and therefore limited in the degree of activity they can comfortably employ. Some of these are not fully conscious of the degree of their blocks and rationalize their involuntary silences as decisions to wait for the patient to talk.

Patients who bring little psychic content to therapy frequently report their dreams. In some instances the dreams have to be written down on awakening to avoid forgetting them by the time the therapeutic hour arrives. When this special effort is made, the patient often has a sense of relief, because he then feels better prepared for his therapeutic session and does not expect the intense emotional suffering he has experienced in the past when facing his therapist in stony silence.

It is characteristic for depressed patients to have preconscious or unconscious fears of insanity. Some of these fears result from depressive symptoms such as lack of energy and diminished ability to perform certain tasks. If the patient has difficulty concentrating or feels confused, he may interpret these symptoms as early manifestations of severe mental disorganization. Furthermore, there may be some return of the repressed, which often leads to obsessive fears. Brought to consciousness, these fears tend to lose some of their intensity. One may also help the patient to understand that depression is typically accompanied by some depletion of psychic energy which may lead to a variety of symptoms such as fatigue, sensitivity to outside stimuli, fearfulness, and withdrawal.

A not uncommon symptom is unrealistic fear of the consequences of losing control of aggressive and regressive impulses.

It is often helpful to point out that the patient's fears of losing control imply lack of confidence in his 'automatic control'. He may be able to see that control is to a high degree involuntary. The therapist might use as an illustration the automatic controls that come into play when a person drives for long distances in his car. The driver may be absorbed in fantasy, yet his basic patterns of behavior persist. When the patient has less fear of losing control he may be ready to analyze the genetic basis for this fear, proceeding, for example, to explore childhood experiences of bladder and bowel incontinence or sexual and aggressive acts. Thus he can understand why he has no confidence in his automatic controls; often it is because he saw that his parents lacked this confidence and believed vigilance necessary to check impulses.

Many patients do not know the immediate precipitating causes of their depressions. A teacher became depressed immediately on hearing of the promotion of one of his colleagues but did not realize the effect this news produced in him. Helping such a patient examine the circumstances of onset of his depression may make him willing to explore further, give him hope, and make therapy more meaningful. The patient who believes that his depression arises entirely from hidden internal sources may feel victimized by forces over which he sees no hope of getting control. When he understands that events of his life have contributed he may become more optimistic.

A middle-aged man with recurrent depressions entered psychotherapy in a depressed state one year after terminating a successful course of treatment. It soon became clear that, although he had acquired considerable insight during his treatment, he was not aware of a major precipitating cause of his depressions. When the circumstances surrounding the onset of several depressions were carefully reviewed, a common incident stood out: each depression had developed shortly after he had become associated with a highly aggressive man. His current depression came a few months after he started a new job under such a man whom he had initially idealized, but who, as time

went on, became increasingly overbearing. The patient, who felt weak and unassertive, unconsciously attempted to borrow the strength of aggressive men, but sooner or later became the object of their aggression. When he finally understood his pattern, he decided to work for an unaggressive man whom he could respect for ability alone. After this change there was improvement.

When a person becomes depressed his use of projection may increase, especially projection of self-critical feelings. Early in treatment the patient can often become aware of his tendency to project, even though he may still not be able to control it. This understanding enables him to suspend retaliatory action and to view his projections with some scepticism. A young doctor who entered therapy with a moderately severe depression was considering quitting his job because he thought his associates were dissatisfied with his work. He mentioned that after he had presented a case at a recent staff meeting those present were highly critical. When asked how they showed it, he could say only that one doctor made a disparaging remark and that the others hurried off after the conference. Pressed for details, he stated that one doctor had commented 'nice going' in a sarcastic manner; he had considered this remark sarcastic because of the doctor's tone. Now he began to wonder if he might have misinterpreted the doctor's attitude; after the staff meeting, he recalled, he had at first thought the doctor sincere, but something told him this was not so and he brushed the idea aside.

He also began to doubt whether the other doctors, who were always in a hurry, had really left the conference more abruptly than usual. He soon came to see that he projected his self-criticism in many other situations and perceived his associates to be unfriendly whether they were or not. He tended to suppose that the rejections of others made him feel depressed, when in fact his state of depression made him feel constantly rejected. He became aware that it was only after onset of his depression that he felt generally rejected by his associates; furthermore, this

feeling fluctuated in intensity with the level of his depression. This understanding led him to resolve not to quit his job but to remain and work out the reasons for his depressed state.

Another depressed patient, a middle-aged woman, withdrew from her bridge club because she felt the other members rejected her, supposing that they avoided her. The truth was that their 'avoidance' began only after she became depressed and seemed to her friends to want to be left alone. She had misinterpreted as rejections the attempts of others to be considerate of her feelings. Knowing this helped her return to the club where she was welcomed. Psychic impotence and frigidity often become an obsessive preoccupation and are seen as causes of the depression rather than symptoms of it.

Much attention must be given to the complications and vicious circles that develop when a patient becomes depressed. For example, failures in performance may lead to depression; the resulting depression by its inhibitions of thought and action leads to further failures in performance, which accentuate the depression. Such failures may have disappointed others—employers, for instance—in the patient. It is important for the therapist to acknowledge the possibility of such changes of attitude in others, regardless of how much the patient seems to be distorting them, so that they may be realistically evaluated.

His family often urges the depressed patient to 'pull yourself together'. Their critical responses may increase his depression and lead him to complain that they do not understand his difficulties. Such a patient can often be helped to see that it may be as unrealistic for him to expect his family suddenly to understand his emotional difficulties as it is for them to expect him suddenly to get over his depression.

Depressed patients are usually unaware of their intense anger, much of which is redirected internally through the superego, leading to guilt and loss of self-esteem. Efforts directly to counteract the guilt and loss of self-esteem are generally unsuccessful and frequently elicit a distrustful feeling that the doctor is merely trying to be supportive. One usually has greater suc-

cess if he points out that the patient castigates himself primarily because much of his anger has nowhere to go but toward himself, since certain inner forces do not permit its discharge toward external objects or even its abreaction. The patient may then realize that his excessive guilt will continue until he finds and eliminates the source of the anger or finds some temporary outlet for it. This helps the patient avoid seeking reassurance or ease for his guilt from the therapist and leads him instead to search for the sources of his hostility.

Attempts to counteract directly the archaic superego of 'borderline' or melancholic patients are also bound to be unsuccessful. An archaic superego is characterized by regressive narcissistic aspirations and pathological guilt, both of which occur only when there is considerable regression. Regressive narcissistic aspirations reflect primary narcissistic libido directed into the superego, and pathological guilt results from primary aggression directed into the superego and then turned against the self. Until the underlying regressive process is reversed and new outlets for libido are found, the archaic superego tends to persist. This type of superego should not be confused with the strict superego that arises from internalization of excessive demands of parents and parent-substitutes in early life. A strict superego is nonregressive and may be directly counteracted by insight, by suggestion, or by encouraging identification of patient with therapist, which permits replacement of the excessive demands of parents by the more moderate demands of the therapist.

Some depressed patients turn so much of their hostility inward that the therapist may not know how much hostility is being aroused by his therapeutic efforts unless he watches the patient closely, especially for indirect indications of hostility. If a patient becomes self-critical or bemoans his fate immediately after an interpretation, the therapist can infer that the interpretation has met resistance and that the hostility thus aroused is being detoured into the superego and then directed against the self. A comparable detour of hostility through the superego

may occur following frustration of unconscious transference wishes; this anger, instead of being directed at the therapist, may be expressed through guilt, self-castigation, or feelings of inadequacy. By observing these reactions the therapist can evaluate how much interpretation and how much frustration of transference wishes the patient can tolerate without becoming more depressed.

When a patient becomes conscious of hostile feelings, he may begin to discharge some of them outside the therapy. A middle-aged man who had entered psychoanalysis for treatment of long-standing depression became conscious of his hostility toward his thirteen-year-old son, and after abreacting some of this felt less depressed. But before his hostility could be analyzed he decided to express it directly to his son. He began to criticize the boy and his son became more rebellious. The patient then increased his attack, believing he must do so to prevent his son from becoming delinquent and to protect himself from severe depression. Urged by the analyst to restrain his criticism until he understood his hostility, he at first said that the therapist did not understand how intense were the son's provocations. Gradually he began to see that he had formerly dealt with his anger by repression and withdrawal but now by tantrums. It then became clear to him that awareness of hostility should lead to exploration of its sources. The patient checked his outbursts without experiencing the recurrence of depression he had feared, and as he gained new insight his relation with his son improved.

In many depressed patients therapy must be directed largely toward relieving excessive repression of libido, which prevents adequate sexual satisfaction and causes depression. A nineteen-year-old college girl complained of depression and weeping for about a year. She was preoccupied with thoughts of her mother's death six years before and supposed that this was a delayed grief reaction. Psychotherapy revealed that she was inhibited sexually and could tolerate little bodily contact with men. She was convinced that she could never marry or have sex-

ual intercourse. The sexual inhibitions were the chief cause of her depression and her preoccupation with her mother's death showed a powerful regressive wish to return to 'the good old days' of childhood. Therapy was directed chiefly to increasing her tolerance for sexual fantasies, feelings, and impulses.

Analysis of the transference is of great importance in depression. Libido is sometimes withdrawn from important objects and concentrated on the therapist; transference frustration becomes intense and the depression becomes accentuated. If the concentration of libido on the therapist is pointed out, the patient can usually see that by disengaging himself from outside relationships he has created a state of frustration that cannot be satisfied by the relation with the therapist. A twenty-five-year-old married woman who attributed her depression to being completely blocked in writing her Ph.D thesis developed an intense positive transference and expressed a variety of sexual fantasies toward the therapist, such as lying close to him or masturbating him. During this phase of treatment she became more discouraged about her thesis and was convinced that she would never complete it. As therapy continued she regressed to a masochistic transference in which she had fantasies of the therapist beating her and forcing her to write. These fantasies were related to childhood fantasies of being beaten by her father. After analysis of this content, her writing block was temporarily relieved, but in a few days it returned and she again felt hopeless. When it was pointed out that she was withdrawing from her husband and her friends she was surprised but recognized that she had been doing so for many months and did not understand why. She was told that concentration of her sexual interest in the therapist indicated withdrawal of sexual interest from major objects; that she wished to get everything from the therapist and could therefore expect only frustration. Next day she did not seem depressed and was neater; she was also more optimistic about completing her thesis on which she was again at work.

Analysis of a patient's tendency to withdraw may cause him

to change and quickly become overengaged with others. A depressed young physicist, who had withdrawn to his laboratory for several months, suddenly became consultant for a number of other projects. His resulting competition with several highly aggressive scientists made him feel inadequate and depressed anew and he fell behind in his own experiments. When he understood the counterphobic nature of his activity and how it caused his depression to return, he confined himself to more appropriate jobs.

In treating depression, one obviously tries to support the patient's hopefulness; a hopeful therapist transmits this feeling to his patient. Also, the manner of presenting interpretations can determine the degree of support they offer. After an operation for herniated disc a middle-aged woman in my care developed a postoperative infection which prolonged her hospitalization and depressed her, chiefly because of intense fear of death. She complained that her wound took long to heal and that it seemed she had been in the hospital for several months (actually for only four weeks). I told her I could understand her dissatisfaction and suffering but that ten years later her hospitalization would seem a brief interlude, diminished by time. After this brief conversation the patient was less depressed. By indirectly transmitting the idea that she would be alive ten years hence, I was able to make her more hopeful and, since this idea was slipped in as an incidental comment, it was not perceived as a direct effort to reassure and therefore did not meet the natural resistance to such efforts. Eissler *(8)* produced a similar effect in a dying woman by giving her a subscription to the monthly programs of her favorite broadcasting station. Aside from its symbolic significance, this gift conveyed the message that the doctor expected her to live long enough to enjoy the subscription. It therefore counteracted her fear of imminent death.

A therapist usually cannot 'manipulate' a patient out of feeling hopeless *(3)*, but he can often help the patient see that the hopelessness is not realistic but rather an inevitable manifesta-

tion of depression itself and deserving analysis. Hopelessness is usually associated with fears and a moderate amount of pressure may be necessary to help the patient spell out what he fears is going to happen. For example, when a patient expresses a fear of losing his business, one can encourage him to elaborate on what he thinks would happen after its loss. He may give voice to childhood notions about poverty and starvation. He may thus be helped to face the expected humiliation of being exposed as a failure and also to say whose ridicule he fears most; this may show him the importance of object relationships he previously minimized.

Hopelessness is often expressed as 'I can't do this or that'. The patient's conviction that he never will be able to face his fears is analyzed. The graduate student who 'cannot' write a thesis may be saying not only that he fears exposing his thoughts in writing but also that he believes his fear will continue to be overpowering. This conviction is often related to early experiences of intense anxiety or humiliation.

Some patients retain false hopes in defense against underlying feelings of hopelessness; they are reluctant to abandon highly cathected goals and fear intense humiliation if they admit defeat. The business of a sixty-two-year-old man began to fail and he was unsuccessful in attempts to refinance it, sell it, or merge it. His attorney convinced him that the business was hopeless and should be liquidated, but the patient could not bear to do this and lived in hope of finding an investor to save it. His underlying hopelessness was warded off by false hope. Unfortunately his therapist, because of countertransference, at first supposed the hopelessness merely a product of the man's depression, identified himself with the patient in his wish to save the business, and thought refinancing it a realistic plan. When the therapist understood his countertransference, he analyzed the situation, noting that the patient feared not only loss but also humiliation from business associates if he admitted defeat. The patient accepted liquidation as wise and began to work through his grief over loss of the business.

A similar problem was present in a first-year medical student who became depressed after failing his mid-year examinations and sought psychotherapy with the hope that it would help him succeed. In college serious academic difficulties had necessitated repeated tutoring, summer school courses, and a fifth year of study. Psychoanalysis at that time had yielded insight but little improvement in his work. He passed all premedical courses but had great difficulty gaining acceptance to medical school; he had had, he said, to 'sell myself' to the director of admissions. All the evidence indicated that he was ill-suited for medical school. However he was extremely reluctant to consider withdrawing and talked of taking summer courses and repeating his first year of study. It was necessary for the therapist to explore the patient's fear of leaving school which led to analysis of his relation to parents and siblings and his fear of their ridicule. A change now appeared: the patient saw that he was compulsively repeating a pattern and that, if he continued, his work would continue to be poor if he survived at all. He decided to withdraw and at once became less depressed; after his mourning over loss of a highly cathected goal, he turned to a vocation for which he showed talent.

It is common for a depressed patient to believe that the therapist has underestimated both his suffering and the severity of his illness. The therapist can help by showing that he knows how depressed the patient feels and is willing to face the difficult problems of treatment. It is generally better for the therapist not to minimize the severity of the depression but to seem hopeful concerning its outcome.

Fluctuations in the level of depression are likely to be confusing not only to patient but also to therapist. A temporary relapse may convince the patient that he is getting worse, but the therapist should expect these relapses and must interpret them to the patient as not necessarily indicating lack of progress. The patient's course may be generally a rising curve though fluctuations produce many hills and valleys. To sketch such a hypothetical graph may encourage the patient.

In some instances interviewing two members of a family together may be effective in treating depression in one of them, especially when the one who is well has unconscious ego-syntonic patterns of response that put continuous stress on the other member and is reluctant to undertake therapy. After a few unproductive interviews with a severely depressed thirty-year-old woman, I called her husband into the office with her. He spoke fluently and had complete mastery of the situation. When after some time it appeared that his wife wanted to say something, I turned to her and she made a brief comment but she was quickly and subtly squelched by her husband; he monopolized the interview. His tyranny forced her to submit to repeated narcissistic wounds. She feared him intensely and internalized her hostility toward him; the more depressed she became the more dependent on him she grew, and the more fearful of antagonizing him. The three of us continued to meet and I told them what I saw. It was not long before the wife began to assert herself and her husband reacted with overt hostility; shown this, he checked his aggression and began to examine it. When they understood their interaction and its effects she was cured of her depression and has stayed well for the five years since.

Thus 'identification with the aggressor' can contribute to depression, provided the aggression is directed toward the self, a process that is fairly common and can at times resemble *folie à deux*. A twenty-eight-year-old married woman, severely depressed, at times had hysterical reactions during which she pounded the walls of her room and screamed at herself in despair. She praised her husband for his tolerance and patience and in general idealized him. He prided himself upon never losing his temper and always being polite to his wife. She is emotionally disturbed, he said, and thus he is more fortunate than she; he would show himself a man of endurance who had married for better or for worse and would live up to his marital vows. He considered her emotional state to be similar to a physical illness and denied that he contributed to it in any way.

Therefore he was a devoted, long-suffering husband. It soon became apparent, however, that he was a highly intolerant man who managed to hide his hostility and maintain a polite and disarming façade toward both his wife and his colleagues. She had responded by becoming intolerant of herself—one might even say that she had permitted herself to be 'brainwashed' by him—and also critical of herself, rather than fighting back against his subtle aggression. Becoming aware of the underlying hostility of her husband she saw how he contributed to her own; she pointed out to him some of his responses and eventually helped him to become aware that he did in fact have intense angry feelings and was scornful and disrespectful toward her. Thereafter he sought therapy for his own emotional difficulties.

Masochism, which is usually found in states of depression, puzzles us because experiences we should expect to interfere with satisfaction actually produce it; but we can understand this if we appreciate how often experiences that appear to create disturbances in libido economy really improve it. A simple example is a depressed patient, suffering from impotence, who found that only when he subtly provoked his wife to attack him could he freely show anger toward her and then become reconciled with her, with the result that his impotence temporarily disappeared. He masochistically sought narcissistic injury—a circuitous route toward improved libido economy.

It is important not to confuse nonmasochistic behavior that happens to result in unpleasant consequences with behavior in which the 'aim' is masochistic. For example, a patient's failure in an examination is not necessarily due to a 'wish to fail' for it may be the result of inhibitions in studying that accompany a depressed state.

Analysis of masochistic patterns is important in treatment of depression; since it has been discussed by many authors *(1, 4, 5, 6, 7, 11, 15, 16)* only a few technical suggestions are mentioned here. When the masochistic patient bemoans his fate and repeatedly castigates himself, I have at times found it helpful to tell

him that he is behaving like a person who throws himself into a ditch, smears himself with mud, and then complains about how dirty he is. Such a comment can facilitate analysis of underlying self-destructive tendencies. If the patient indulges in 'brinksmanship', I may compare him to a man who leans over the bank of a river to see how far he can lean before falling in but must fall in to find out. Such preliminary clarifications are to be followed by more careful analysis of the sexual and aggressive components of the masochism.

Some therapists have argued that one should freely express anger at such patients to satisfy some of their masochistic needs, a recommendation, unfortunately, likely to come from those who find it difficult to control their anger and seek to justify behavior they cannot control. Others out of shame try to hide their anger from the patient and even from themselves. But we ought to accept the fact that we sometimes get angry, for some patients are adept at evoking our anger and are strongly motivated to do so. To tell the patient that he has succeeded in evoking the therapist's anger often helps to clear the way for analysis of his provocations; to understand that he has achieved a neurotic victory is an important insight.

The negative therapeutic reaction, not uncommon in the depressed, may reflect not only a desire to defeat the analyst as well as oneself, but also a re-enforcement of this desire due to the mounting hostility likely to result from sensitivity to the analyst's interpretations as severe narcissistic injuries. Careful dosing of interpretations and tactful clarification of sensitive reactions to them may help to counteract the negative therapeutic reaction. This reaction may also arise from intense transference frustration due to concentration of libido on the therapist. When this is clarified, redistribution of libido to other objects may occur and relieve the negative therapeutic reaction. In still other instances, negative therapeutic reaction may result from the therapist's reluctance to use active techniques when the patient is severely blocked; the patient tries unsuc-

cessfully to overcome his block and hence feels failure after each interview.

Many patients seek relief from depression by acting out sexual impulses. A thirty-five-year-old man entered analysis because he wished to understand why he was repeatedly unfaithful to his wife. He said his marriage was a happy one but, nevertheless, he sought extramarital affairs which, although temporarily satisfying, left him feeling guilty and anxious. It soon became apparent that his infidelity counteracted feelings of depression. As he examined his depression he gradually became aware of the problems in his marriage; but he was afraid to acknowledge them to himself because of fears, for example, that he might be tempted to get divorced like his cousin who was now lonesome and unsuccessful. He also feared that if his marriage broke up his father would disown him. The patient eventually saw that he was very angry at his wife and was repeatedly running away from her in actuality or in fantasy, even though he was much in love with her. All his life he had run away—when he was young, for example, into military service to get away from his mother with whom he fought. After long analysis this patient became able to deal with the tension in his marriage without developing a depression and running away.

A thirty-year-old married man entered psychotherapy because of depression of a year's duration, accompanied by impotence. After a while he confessed that when most depressed he sought homosexual affairs, which disgusted him and convinced him that he was basically 'a homosexual'. The patient's employer had replaced his father who died when he was eight and at first they had worked closely together, but as business expanded and new assistants were employed the patient felt brushed aside, although actually he had simply withdrawn in a sulky manner and become depressed. Moreover during the previous year the boss had been going through a trying period and was also depressed. The patient saw nothing of this; he found it hard to believe that this man whom he had so idealized could

have emotional problems of his own. But as the patient saw that his employer's irritability was not directed only at him he began to seek out and respond to his employer and the improved relation ended his depression, his impotence, and his homosexual activity.

ANALYSIS OF REACTIONS TO PSYCHOLOGICAL STRESS

Four categories of psychological stress may contribute to depression: loss, attack, restraint, and threats *(12)*. These categories have theoretical as well as clinical utility. A thirty-year-old man undergoing analysis became depressed when a contract upon which his business depended was cancelled. Convinced that his business would fail, he spoke mostly of his own guilt; he was responsible for losing the contract since he had failed to meet the requirements of the 'parent' company. It became clear that he was directing all his aggression against himself in a manner typical of the depressed. It was difficult to mobilize his anger at the executive who had cancelled the contract, but when he finally expressed it, he revealed that the man was generally considered ruthless and gave several examples of his unfairness to the patient who had made many concessions to him. The patient had always withdrawn from conflict with men. As a child he had feared his father and repeatedly tried to appease him and he ran from fights with other boys. He was doing the same thing now, blinding himself to the other man's aggression and dishonesty. As the patient saw that he had been cheated and had not deserved to lose the contract he began to fight back rather than surrender as he had always done previously. This roused anxiety until he could understand his fears of the other man and of his father. He took successful legal action and reorganized his business and his depression improved.

Continuous pain may have depressing effects and may be experienced as an attack, even a frightening one. It is common for patients with continuous pain to imagine that they have serious illness, even though repeatedly reassured, and it is also common

for these notions to disappear when the pain is relieved. The attending physician may not realize how important it is to give the patient an adequate amount of pain-relieving medication. Some physicians become especially reluctant to give narcotics when a patient is depressed, supposing depressed persons more susceptible to addiction.

Realistic fear often causes depression. For example, a young man in service overseas became depressed because his orders for returning home were delayed, causing him to fear he was to be sent to Laos. As soon as the crisis there subsided, his depression disappeared.

Once depression develops from any cause, minor physical symptoms seem to mean serious physical illness, rousing unconscious fear of death. Making the fear conscious helps but only relief of the depression can remove the fear. Showing that the patient's fears are groundless may relieve the depression, as in the case of a scientist who feared—needlessly, since only he could provide evidence to substantiate them—that his ideas had been stolen for another man's book.

Awareness of the effects of 'restraint', both external and internal, can also be useful in treating depression. When a patient with a coronary attack is kept in bed for several weeks, he may become depressed as much from restraint as from reaction to his illness. Modification of the medical regime to permit greater mobility usually can be effected. In such a case one must also take into account not only the immobility imposed but also the patient's reaction to the physician's recommendations. The restrictions placed upon a patient by his own fears are often most important.

A woman referred—seemingly with full agreement and acceptance—to a gynecologist by her doctor revealed in psychotherapy that she resented the doctor's having, as she felt, constrained her to accept the consultation. Her sense of restraint was due to her fear of self-assertion; understanding this she told her doctor that she wished to be free to decide herself whether to submit to any gynecological procedures recom-

mended. After this she felt freer to reserve judgment. The same patient supposed, wrongly, that her therapist did not approve of her dating a man unless there was a clear possibility of marriage. Analysis showed that she imputed to her therapist some of her father's attitudes about dating which she had made hers at an early age. Her self-restraint was now mitigated and she became freer in her dating.

NARCISSISM AND DEPRESSION

Those susceptible to depression are at times called highly narcissistic. Freud *(9)* noted that their object choices are made 'on a narcissistic basis' and that when they are disappointed by the loved object they readily regress to 'original narcissism'. Yet much evidence indicates that these individuals are vulnerable not only to loss but also to other types of psychological stress. Many such persons can remain free of depression only if they are largely free from stress. Therefore they tend to seek relationships that promise to protect them from loss, attack, restraint, and threats. They also employ a variety of narcissistic defenses such as the illusion of excessive love. Menaker *(16)* described a patient who maintained his libido economy by the illusion that he was greatly admired by the analyst and became depressed when the analyst pointed out his marked passivity.

Since patients susceptible to depression may need excessive love, their ability to obtain it may be critical. The readiness to initiate relationships—to give love to others—is important if one is to receive love, but narcissistic individuals tend to be blocked in this ability. Some of them search for love not only from specific objects but also from people in general. One patient who spoke often to audiences was not satisfied unless he could have their full and favorable attention. Patients susceptible to depression may over-react to lack of warmth in others. Unless their advances find a response their libido economy becomes disturbed; once such a person has shown positive feelings he becomes enraged if they are not returned. Hence he may size

up the situation carefully before revealing his feelings in order to make sure that the other person is ready to reciprocate.

The ego ideal of the narcissistic individual shows his intense desire for freedom from stress: through attainment of high aspirations he hopes to obtain excessive quantities of love from external and internal objects as well as sure protection from attack, restraint, and external and internal threats. Such a person may therefore make great demands not only upon others but also upon himself and be highly perfectionistic.

Analysis of the narcissistic core of the depressed patient's personality is essential, with constant effort to delineate over-reactions to innumerable experiences of stress. There must be repeated clarifications of what Murray calls attitudes of 'narcissistic entitlement' *(17)*, attitudes that follow the basic formula 'I have a right to what I want' and are likely to produce both indignation when one's self-defined 'rights' are not recognized by others and a sense of righteousness in making repeated demands for such recognition.

We must pay attention to the patient's sensitivity. When a patient becomes aware of reacting sensitively, he has made a significant step forward and another comes when he realizes that his sensitivity fluctuates with the level of his depression. A young woman patient, moderately depressed, became upset when a friend made a not unkind remark about the patient's excessive sweating; the patient was helped by her therapist to see that she was ashamed of her sweating and resented having it pointed out to her, and that it was only when she was depressed that she was so very sensitive. Many patients deny their sensitivity and rationalize their responses by exaggerating the intensity of the stimulus, a distortion of reality. A simple illustration can make this clear to the patient; for example, that an oversensitive person may explain his over-reaction to dental pain by claiming that his dentist is very rough, even eventually charging that all dentists are sadistic.

A highly sensitive patient may have to learn to avoid certain stresses to protect himself against recurrences of depression.

Sometimes the patient gravitates toward the very stresses to which he is most sensitive. A sensitive young graduate student repeatedly dated hypercritical girls who depressed him. Understanding his ambivalent attachment to his mother helped him avoid his œdipal problem by finding pleasure in more tolerant girls.

Highly narcissistic patients may have to be helped to obtain increased narcissistic satisfaction to get relief from depression. Some patients, by achieving more, attain a sense of increased competence and greater admiration of others. Some can obtain increased narcissistic satisfaction from love objects if their relation with them can be improved. Hence insight into how the patient complicates his major relationships is essential. A young narcissistic woman who entered analysis in a state of moderate anxiety and depression complained that her husband repeatedly withdrew from her. It was necessary to clarify the subtle excessive demands she made upon him and her spitefulness toward him when he did not meet her demands; she thus became aware of the reason for her husband's withdrawal.

Tact is necessary to protect the patient from narcissistic injuries during treatment. The patient's self-esteem is already broken down, and any clarification or interpretation may lead to a narcissistic injury. The therapist may convey that he knows the blocked patient is trying to talk and is not being uncoöperative. We can support the patient's narcissism by recognizing his efforts to live up to his principles in therapy and elsewhere. In discussing a patient's hostility, it can be made clear that one is fully aware of his repeated efforts to be kind and considerate. The therapist's tact depends in part on careful observation of the patient's sensitivity to specific types of therapeutic intervention, a sensitivity the patient often attempts to hide.

It is not uncommon for patients to use for defense the understanding acquired in therapy concerning events in their early lives. When a patient revives memories of early traumatic experiences, he may use this knowledge to justify his present difficulties by blaming his parents and others for some of his cur-

rent failures,—for his trouble in learning, for example, whereas further analysis shows the parental pressure he complains of came after the trouble started from a different cause. Such a patient may justify his anger at his parents by comparing them to his idealized analyst. This sort of narcissistic prop for the patient's self-esteem may tempt us to analyze it prematurely, accentuating the patient's depression. Such defenses may even have to be temporarily re-enforced to support a shaky narcissism until the patient's depression improves sufficiently to enable him to tolerate analysis of them.

The strong oral character traits and the excessive envy that accompanies them in many depressed patients must be analyzed. This envy is often expressed thus: 'Others get whatever they want; why not I?' This patient does not perceive clearly the inevitable frustrations of other people and the innumerable compromises they must make, and his failure to perceive is probably defensive. If others get what they want, the patient also hopes to gratify all his wishes. Such illusions perpetuate envy and, as a result, the patient who acts on this principle may lose his friends. Such patients also envy the therapist, who seems to be omnipotent and able to gratify every wish.

Depressed patients often demand special consideration from the therapist, sometimes in a subtle way, as did a middle-aged woman who repeatedly brought her psychotherapist inexpensive gifts. When she brought a small sculptured donkey it was learned that she thought of donkeys as being as clumsy as herself and the gift was a way of leaving a symbol of herself in the therapist's office. Her gifts turned out to be motivated not, as she rationalized, by the golden rule but by her special modification of it: so do unto others as to force them to treat you as you want. The underlying wish was for special attention. When she did not get it she became angry and shouted 'ingrate!' because she did not get what she claimed was merely an appropriate response. When she finally understood her forcing maneuvers she also understood why her gifts were not as well received as she had hoped.

In treating depressed patients it is important to analyze those patterns of behavior that lead them to feel humiliated. At a recent symposium on narcissism, Waelder *(19)* told of a young man who could not say 'no' to his girl for fear of losing her love. He would reluctantly agree to her demands but this made him feel humiliated and impotent. His consequent anger and depression led him to pick arguments with her and she, in turn, would also become angry. Analysis of his inability to say 'no' and its consequences led to his becoming less compliant and no longer depressed. A man I treated was equally unable to refuse his mother's demand that he and his wife travel one hundred miles every weekend to visit her. These visits made him irritable and his appeasements of his mother made him feel ashamed before his wife. Only when his fears of his mother were brought to consciousness and analyzed was he able to change his behavior and protect himself from the humiliation that led to his depressed state.

Humiliation causes shame and to analyze the origins of shame is a long process. These origins are two in number. Sexual thoughts, feelings, and impulses mobilize shame and are inhibited or repressed in consequence. More superficially, a secondary shame is roused by the basic shame and its accompanying inhibitions; or to put it simply, 'one feels ashamed of reacting with shame'. This secondary shame leads one to hide inhibitions and 'carry on' in spite of them. Both levels of shame require analysis if economy of the libido is to be improved and relieved.

Some persons are easily made ashamed by encountering overfriendliness. The therapist may therefore have to remain somewhat aloof initially to avoid arousing uncomfortable shame while he and the patient get to know each other; otherwise the patient may break off treatment. Later the patient can tolerate greater warmth from the therapist and communicate without experiencing intense shame, though it may take some time for the patient to reveal his fantasies or to relate embarrassing events. Many patients fail to reveal basic problems be-

cause of intense shame but may speak so that the therapist can guess the secret and thus help expose the problem. (Freud [*10*] tells of doing this in a case of depression. When the 'Rat-man' could not bear to describe the punishment that so disturbed him, Freud said, '. . . I would do all I could . . . to guess the full meaning of any hints he gave me. Was he perhaps thinking of impalement? "No, not that . . ." ', the patient replied, but with this help gradually and haltingly went on to tell what he had in mind.) A single woman of thirty-five with a moderately severe depression talked a great deal about her fear that she would never be able to marry because men invariably dropped her after a brief relationship. It was only when the therapist introduced the topic of homosexuality that the patient confessed her homosexual affairs and her intense shame concerning them. It is worth noting that this patient had previously been in treatment with another therapist for over a year without revealing these facts.

When the patient through treatment ceases to avoid tasks, formerly feared, that satisfy his narcissistic aspirations, his depression may be replaced by fear. If he continues to face some of these tasks in spite of his fear, he may gradually become less afraid *(13)*. A young physician undergoing analysis for anxiety and depression avoided all professional activities other than his practice. When he saw that this avoidance was due to fear of speaking up in professional groups, he began to attend hospital meetings regularly, making himself heard increasingly as time went on. As he thus became more satisfied with himself he experienced considerable relief from depression.

Sometimes, after becoming aware of certain fears, a patient goes too far and undertakes tasks that severely frighten him; if this causes mild feelings of depersonalization, new fears appear. A thirty-five-year-old man who undertook for the first time to speak without notes before a large audience sensed mild depersonalization and when his talk was over feared he was going insane. When he understood that the depersonalization arose from intense fear of a large audience, the secondary fear of in-

sanity disappeared. Such a patient can thus learn how much fear he can tolerate without depersonalization and, thereafter, usually stays within his range of tolerance.

The patient's withdrawal from everyday activities may, by depriving him of major satisfactions, accentuate his depression. A forty-year-old man rarely accepted invitations to social functions unless urged to do so. He avoided many tasks around the house such as bringing in his young children's bicycles or playing with them. He explained that his work demanded most of his energy. Becoming aware—to his surprise—through analysis how many activities he was avoiding, he resolved to seek out other people instead of hiding behind a book. His new participation pleased him, he saw that it caused only slight tension, and it rendered unnecessary the fantasies of successful business ventures and torrid sexual affairs that had compensated him for his feelings of weakness and impotence.

In many patients, analysis of fears that prevent their taking advantage of their opportunities is essential to relieve depression. A twenty-two-year-old woman with recurrent severe depressions had been used by her very disturbed divorced mother for narcissistic purposes. The mother repeatedly attacked the girl, her only child, shattering her self-esteem and convincing her that she was responsible for all the mother's suffering. Her jealous, emotional, and even violent mother taught her to expect that if she showed interest in anyone else the mother would desert her or murder her. Although she had made one attempt to live away from home, she had to return after a few months. In therapy her fear of her mother's threats and their implications had to be made conscious and worked through before she could seek new objects and new aims. She became able to live away from home, to satisfy some of her own narcissistic aspirations, and to recover from her depression.

Depression may diminish when a patient gains new sources of satisfaction in physical activity such as golf or dancing, which led to a career and largely prevented depression in an adolescent patient of mine. It is especially helpful to direct the de-

pressed patient into satisfying activity; in fact one should be wary of doing anything to discourage activity in the depressed patient even if some of it is clearly symptomatic. As long as the patient is not destructive to himself or to others, his activity may give him purpose and narcissistic satisfaction. To be verbally blocked deprives one of interchange of positive feeling with others but withdrawal from activity causes an even greater loss.

To reverse the depressed patient's tendency to withdraw may take much therapy, as the following case shows. A thirty-five-year-old man, depressed to varying degree for many years, entered psychoanalysis because of what he wrongly considered lack of success at his work. The fluctuations in his depression proved to correspond with the state of his marriage. He was often angry at his wife for what he supposed to be coldness. He would often stay up reading much later than she and then, furious at finding her asleep, would feel rejected and would masturbate. After this he would be depressed for several days, distant and spiteful to his wife, pushing her away if she tried to be affectionate. After he had punished her thus for several days, his depression would begin to lift and they would have sexual intercourse. Although he reached orgasm, he experienced only partial satisfaction, blaming his wife's 'frigidity'. If she delayed even briefly when he made advances to her he accused her of unwillingness to have intercourse. She feared his irritability, but when she fought back he became temporarily more considerate and less depressed and found more satisfaction in the relationship.

After many months of analysis the patient saw that it was when he was most hostile to his wife that she seemed to him most rejecting and that it was mainly when his impotence was most pronounced that he supposed her frigid. He realized that by his hostile behavior he had intimidated her and had even subtly threatened her with divorce—a thought he could not admit to having entertained until analysis made him more conscious of it. He recognized that to feel affectionate embarrassed

him and made him hostile. As he now saw the problem, he said, he had the choice of resolving his embarrassment and liberating his affectionate feelings or going through life as a chronically depressed man. At first he found it difficult to overcome his embarrassment and show affection, but although he still became angry at his wife, especially if she was reluctant to have sexual relations, he gradually ceased to sulk and withdraw. He found that his previous notion that he could get relief from depression only through sexual intercourse was incorrect, and he tolerated postponements of intercourse without anger. His wife became less depressed as he improved and he realized that she was far from frigid, although she was less responsive sexually when she was depressed, just as he was.

The patient attributed some of his improvement to finding out how stubborn he was and to learning how to 'give in' rather than remain trapped in a neurotic battle against his wife. He also stated that, since he could not always obtain quick relief from his tension, he had to learn to be patient. His anger had to be resolved to some degree before he could become affectionate. He became able to trust his wife and know that she loved him. Whereas he had gained much of his sense of strength from stubbornness and rebellion, he now obtained it from 'giving in' and taking responsibility for resolving some of the tensions in the marriage.

NEGATIVE REACTIONS TO THE DEPRESSED PATIENT

Depressed patients can be frustrating especially if they resist treatment or show negative therapeutic reaction. Some are highly provocative, in particular those who repeatedly complain that they are making little progress in therapy and imply that the therapist is not doing enough to help. In addition, just as enthusiasm is contagious, so is depression. The physician treating a depressed patient may become mildly depressed himself, partly through identification (as in treating a patient dying from malignancy). The therapist may therefore develop his

own resistances, resent the depressed patient, and wish to avoid him. The therapist's resentment may lead him to imagine that the patient is exaggerating his suffering, 'putting on a show' to gain sympathy. The negative reaction of the therapist may also take the form of general lack of interest, theoretical and clinical.

Since major precautions against suicide cannot be taken for all depressed patients, one is often in the uncomfortable position of knowing that if the depression should increase the patient may attempt suicide—a threat to the therapist's reputation since suicide may expose him to criticism either as a poor therapist or as one who takes too many risks. Many therapists therefore avoid treating patients with tendencies to suicide. The justifications used for transferring such patients to others are many and ingenious; in fact, when an analyst refers a depressed patient to another, it is not uncommon for him to minimize the risk of suicide to avoid having the patient rejected.

When a depressed patient comes to a therapist for his first interview, he may present himself as incompetent, inadequate, and even hopeless. He may do so partly to protect himself from the narcissistic injury of rejection, like students who do little studying before examinations so that if they fail they can feel sure that had they really tried they could have done well. The therapist may be misled by a patient's manner of presenting himself, since he may appear more disturbed than he actually is. Furthermore, the therapist may intuitively feel the patient's strong narcissistic need and may fear the expression of transference hostility which may arise if narcissistic supplies are not forthcoming. Such reactions can lead therapists to avoid psychotherapy or psychoanalysis of many depressed patients who would benefit from it.

SUMMARY

This paper offers some suggestions for the treatment of depressive aspects of neurotic illness. It includes discussion of problems of narcissism, negative therapeutic reactions, transference

and countertransference, and other practical questions encountered in treatment of depressive symptoms.

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EXPLOITATION OF THE SENSE OF GUILT

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I

The establishment in infancy of a pervasive sense of guilt within children is the effect in rearing of influences brought to bear upon them during their earliest years. Whereas the ego and the id are inherited components of the psyche, the superego, and the sense of guilt which derives from it, are acquired and fashioned anew in the children of each generation by training and example. The introjection of parental standards, prejudices, ambitions, and prohibitions curbs primitive impulses and adapts the child to the environment in which he is to live.

Freud *(5)* distinguished an external antecedent to the formation of the superego—when the child first senses that he has evoked the displeasure of those upon whose love and approval his happiness and comfort depend. Guilt proper arises autonomously after there has been an internalization of the parental admonitions, which constitute the primitive superego. The superego, then, stands in relation to the ego as the parent did to the child; any infringement of its canons leads to a state of tension between it and the ego and is experienced as a feeling of guilt which serves, like anxiety, as an affective signal urgently requiring cessation. Freud differentiated guilt that occurs as a reaction to sinful thoughts, wishes, or feelings, from the remorse that follows the perpetration of a misdeed. He noted furthermore that the superego is much more severe than the parent in so far as it punishes not only misdeeds but such sinful intents as thoughts, wishes, and feelings. Freud attributed the ubiquity of the sense of guilt in mankind to impulses of hatred that are mobilized for action, then curbed in a process of re-

nunciation of instinctual gratification, and displaced to the service of the punitive superego for discharge.[1]

To exploit means both to make beneficently available (as the coal in a mine) and, more commonly, to make use of dishonorably for one's own satisfaction or gain. It is in the latter sense that exploitation of the sense of guilt, once recognized, is found to be exceedingly prevalent in our society. It pervades all walks of life, all sorts of relationships between people; it has institutional as well as personal modes of functioning. The widespread incidence of the phenomenon establishes that it is of substantial importance in human behavior and prompts investigation of its origin and history, its motivation and mode of operation, its effects on the exploiter and the exploited.

II

During World War II when the vexing problem of the proper management of neuropsychiatric casualties was often the occasion for acrimonious controversy between regular army psychiatrists and those recently inducted from civilian life, a British psychiatrist with extensive experience presented, not without relish, his strategy for coping with the challenge whenever he was confronted by a tough, 'treat-'em-rough' adversary with whom he could get nowhere. It was his wont deliberately to provoke his antagonist until he lost his temper and showered him with abuse. Promptly thereafter, the once implacable officer gave him carte blanche to manage his charges as he saw fit.

In the course of one of his visits to the United States, Khrushchev was grossly provocative and abusive about the American way of life. When some in the audience reacted to this with understandable indignation and rancor, he chided and reproached them severely for their boorishness and incivility as hosts to a visiting dignitary. Throughout the remainder of his visit his audiences, though no more sympathetic to his views than the ear-

[1] How much more common this is than can be surmised without psychoanalytic insight, and what unlikely guises it may assume, Freud showed in his studies, Criminals from a Sense of Guilt and Those Wrecked by Success *(6)*.

lier ones had been, treated him with the utmost deference as if through identification with the original offenders they seemed to be atoning for the 'sin' by their exemplary behavior.

The dream of a patient lends itself to a similar interpretation.

> I am riding a horse. I do something which causes him to rear and throw me. As I lie on the ground, the horse approaches and licks my cheek. I feel sensuously pleased and tell myself: 'It was worth it!'.

The dream is a faithful reproduction of a circumstance in his childhood. Morbidly sensitive to his mother's coldness, he had striven desperately to elicit some token of love from her. A device that had proved effective was to nag her to the point of exasperation. She would then become penitently indulgent.

Patients in analysis frequently try by provocation to goad the analyst into a display of temper in the hope that subsequently he will feel remorseful and give the patient some of the indulgence he craves. One man, to whom such an interpretation was given, readily assented that he tended to manipulate others in this way. His mother, he recalled, had often contrived to play on his emotions in this manner.

Much more frequent are those instances of exploitation of a sense of guilt which is inherently operative to an intense degree in many individuals. The exploiter unerringly appraises the vulnerability of his exploitable victim whose treasonable superego will render his ego at least acquiescent, if not helplessly compliant.

A literary instance of this type is Shakespeare's Lady Macbeth who, intent on prodding her vacillating husband to commit the murder of Duncan, upbraids him.

> Was the hope drunk / Wherein you dress'd yourself? hath it slept since? / And wakes it now, to look so green and pale / At what it did so freely? From this time / Such I account thy love. Art thou afeard / To be the same in thine own act and

> valour / As thou art in desire? Wouldst thou have that / Which thou esteem'st the ornament of life, / And live a coward in thine own esteem, / Letting 'I dare not' wait upon 'I would', / Like the poor cat i' the adage?

Knowing well that her husband's 'vaulting ambition' is strongly countered by moral revulsion, and by his being 'too full of the milk of human kindness', she taunts him in words that she knows will stifle the protests of his conscience and mobilize his resolve to act in accordance with her will.

Every analyst in his practice hears of countless instances—in families, between friends, in business relationships—of the flagrant and often systematic inculcation of an unreasonable burden of guilt upon a hapless victim for the profit or convenience of the aggressor.

Analysts inevitably are objects of this technique of exploitation acted out in the transference by patients predisposed to engendering a profitable sense of guilt in others. A successful businessman (who regularly falsified his income tax returns) had bargained for an analytic fee vastly disproportionate to his income. It was his rationalization that whatever he did was justified because his profits were reinvested in his business. Every service should have a fixed price, he declared, and the practice of scaling fees to accord with differences in income was unconscionable. He asserted that analysts took advantage of supply and demand to charge exorbitant fees; that a dedicated man of science should not be so concerned with material gain. It later proved that this man had considerable contempt for and guilt about his highly profitable business activities. In striving to place a burden of guilt on the analyst, he was repeating a method that had served him well in business and other relationships; in addition, he was seeking by projection to deny his own unsavory motivations.

From lack of experience, analysts in training sometimes fail to detect this mode of exploitation, and when they are assailed by the patient with various charges of callousness, aloofness,

complacency, and the like, lose their analytic composure, become conciliatory, and succumb to the wiles of the patient.

In times of war the military establishment, whose function it is to win the wars, requires for this purpose several armies of men. Because of the pressure of need, the military must perforce disregard all but the most patent disabilities (i.e., psychoses) among recruits in their capacity to withstand the rigors of training and the ordeal of battle. That some who appear 'normal' are psychiatrically deemed sufficiently neurotic, psychopathic, or otherwise unfit for military service is hotly contested. Among them are many inductees who, despite acute awareness of their vulnerabilities, are equally phobic about rejection for service and the subsequent dread of being called 'slackers' and cowards. These prejudices, in which an unenlightened public concurs, constitute in a special way exploitation of a sense of guilt. During World War I there was widely displayed an enormous poster of Uncle Sam as a stern looking gentleman with a piercing glare, pointing an accusing finger at the passer, with the caption: 'Uncle Sam Needs You'. What more graphic representation of an accusatory superego! In England the white feather, sent to everyone suspected of evading the draft, served a similar purpose. A similar psychological process operates in those instances of confession under pressure to a crime one never committed.

The influence of organized religion in engendering or promoting a sense of guilt is a highly controversial subject. Among psychoanalysts are those who with Freud consider religion a vestige of psychic infantilism, and those who find no inconsistency in accepting the tenets of both religion and freudian psychoanalysis. Nevertheless there are among religions a host of taboos and commandments, dogmas and rituals, atonements and expiations which compel those who are susceptible to conform from fear or to suffer the consequent sense of guilt.

III

The objection may be raised that the military psychiatrist who

successfully exploited his commanding officer's sense of guilt was actuated only by a benevolent determination to protect his crippled charges. The poster intended to promote recruitment by intimidation was, after all, intent on sustaining the war effort. In both instances an altruistic motive seems to predominate. Our concern, however, is not with the ultimate effect of the maneuver but simply with the intent of the exploiter in a dyadic relationship which, in both, was to produce a psychic imbalance in a susceptible individual and thus to control his behavior. The differentiation we are seeking is better illustrated by citing the example of the parent who prefers for his own comfort and convenience a docile child to an enterprising one; or by contrasting the teacher who exploits the curiosity and creativeness of children to one who deems heretical or subversive any questioning of the 'truths' he propounds.

Since something akin to moral bankruptcy has occurred in our time, it is often maintained that there are too many individuals without any sense of guilt, and that any measures which would reverse this trend are justifiable. Specifically, it is said that the defective superego of the psychopath can be most constructively repaired by mobilizing and exploiting his sense of guilt. From the point of view of society this is reasonable and laudable. For the psychopath, however, such measures if they succeed at all are simply a brittle conformity, not likely to outlast the pressures brought upon him.

IV

Adaptation is defined as modification of an animal or plant fitting it more perfectly for existence under the conditions of its environment *(11)*. This definition does not adequately account for the process. The bird in building a nest, the beaver in building a dam, does something *to* the environment which promotes survival of the individual and the species. Dewey stressed this aspect of the adaptational process and noted that the higher the form of life, the greater its prevalence *(2)*. In a detailed study of adaptation as a function of the conflict-free ego, Hart-

mann also distinguished autoplastic and alloplastic modes of adaptation, and called attention to a third form: seeking a new environment as the basis for more effective performance *(7)*.

In so far as exploitation of the sense of guilt controls the behavior of another individual and directs it into channels desired by the exploiter, it is a type of alloplastic adaptation brought about by modification of the human environment. Since the device depends for its effectiveness on a relatively recent acquisition of man, the superego, it suggests that the device itself is a recent development in the life cycle of the human race. It may accordingly be profitable to try to establish its historical antecedents.

Exploitation of one creature by another is as old and as constant a feature of biological functioning as is exploitation of the natural physical environment. Side by side with the bird that builds a nest and the beaver that builds a dam is the cuckoo that lays its eggs in the nests of other birds, and the ant that abducts ants of another species into slavery. Man, to survive, is compelled to exploit all realms of nature—mineral, vegetable, and animal—and despite his aspirations to the contrary, is prone to exploit his fellow man as well. Until recent times brute force and physical domination prevailed, and still do. A highly developed, truly democratic society, with its emphasis on the dignity of man and professed equality under the law, requires the development and elaboration of new and more highly refined psychological measures to control human minds. Of these, exploitation of the sense of guilt is not the least important.

As we know, the sense of guilt is attributable to the mobilization of aggressive energies generated by frustration of instinctual drives, which subsequently are invested in the superego. As stated by Freud, '. . . the more virtuous a man is, the more severe and distrustful [the superego] . . . so that ultimately it is precisely those people who have carried saintliness furthest who reproach themselves with the worst sinfulness' *(5)*. A chart of the development of the human race, based on the degree of instinctual gratification, would show an ever-increasing renunciation,

and consequently more and more frustration, in the progression from prehistoric times to the present. Assuming that the 'original sin' was that of patricide, we can further assume that primitive man had subsequently to give up other substantial gratifications of aggressive and sexual drives such as homicide, infanticide, cannibalism, human sacrifice, incest, rape. Further advances in civilization brought additional restrictions: for example, monogamous marriage and enforced celibacy outside the marital state. Saint Augustine, who considered not only carnal desires but æsthetic pleasure as sinful, is representative of the increasing trend toward subjugation and degradation of instinct, a trend revitalized at a later period by the Puritans. Simply stated, the history of man is a chronicle of more and more things that he is made to feel guilty about.

The summation of strictures by the superego on the instincts is seen to have reached a degree which led some individuals to assume responsibility and guilt for the state of things in the universe. Both before and after Spinoza's insistence that all existence is embraced in one substance, Nature, voices were raised in dissent. The Greek dramatist's 'but best of all is never to have been born' and the Greek legends which picture the gods as lecherous, conniving, vindictive, and deceitful are evidence of this. The Prometheus myth can similarly be interpreted as protest against gods who begrudge man his ingenuity and thwart his efforts to tame the ruthless forces of nature. The invention of the devil solved for some the problem of evil in the world by absolving God of the responsibility. Others, like Voltaire, with his scathing denunciation of this best of all possible worlds, or Mark Twain, with his tragic view of life under a façade of humor, would seemingly have preferred to return the world to its maker for repairs (as would Helmholtz the imperfect structure and function of the eye). It is as if nature had spawned a cosmic superego that observes and judges it, as the superego judges the ego. Unlike God, who after the creation contemplated the products of his labors and found them 'good', these critics are more impressed by the cruelty, the pain, and

the suffering that result from the operation of blind forces. However, the ultimate refinement of the sense of guilt is the assumption of personal responsibility for this order. It appears, for example, in such phenomena as revulsion against killing animals not only as a sport in hunting but even as a means of sustenance, in antivivisection despite the value of animal experimentation in conquering disease, and in vegetarianism. In many instances, such often fanatic aversions to demonstrable biological laws are idiosyncratic taboos imposed by the superego—individual or collective—to deny, ritualistically, oral-destructive drives. But this need not always be the case.[2]

In the development of the individual, separation anxiety is succeeded by castration anxiety which, in turn, is supplanted by moral anxiety. In phylogeny, the fear of annihilation and the need for security are the overriding primitive factors, followed later by a phase in which the influence of the superego prevails and the sense of guilt becomes increasingly pervasive. Exploitation of the sense of guilt as an adaptational process results then from the favorable convergence of two complementary elements. One is an innate human tendency to exploit others; the other, guilt-ridden exploitable victims.

V

In accordance with the mechanism of overdetermination (not only in the formation of dreams and symptoms but also of human behavior), and on the basis of the principle of multiple functioning *(10)* (which invokes the operation of several psychic agencies to account for a given psychic end-product), one would anticipate with a fair degree of certainty additional uses and meanings that derive from exploiting the sense of guilt in others; and, in fact, evidences of them are readily discernible. The exploiter discharges his aggressive drives in provocations,

[2] Eissler considers the vegetarianism of da Vinci to be a reaction-formation to cannibalistic fantasies and considers it a sign of depression *(4)*. One wonders, without discounting the importance of this unconscious factor, whether such contemplative vegetarians as da Vinci and George Bernard Shaw did not also judge the world and find it wanting.

attacks, and abuses. He defends his ego from anxiety with regard to objectionable impulses in himself by projecting them onto a victim and attacking them there. By rationalizing his exploitations as a striving to correct improper attitudes or behavior in another, he appears virtuous and deserving to himself.

That exploitation can serve as a mechanism of defense makes clear what Hartmann has observed in another connection: '. . . the same process of defense quite commonly serves the twofold purpose of acquiring mastery over the instincts and of reaching an accommodation with the external world' *(8)*. The process of adaptation is by no means limited to the conflict-free area of the ego for its achievement.

The genetic principle leads us to assume that a characteristic of the type we are discussing must be derived from definite experiences during childhood which render one individual more inclined to resort to psychological modes of exploitation than another, and to develop an acutely sensitive perception for the susceptibility of others to such exploitation. The fairly common and amusing spectacle of a child who has hurt himself ceasing to cry as the pain wears off, only to burst into tears again when an adult capable of offering comfort appears, provides evidence that something akin to psychological manipulation is already operative at an early age. It seems plausible that a child may be conditioned to exploit the feelings of others by observing repeatedly that after provoking an outburst of anger in or physical punishment by a parent, the parent becomes unusually kind and indulgent. Physical weakness, real or fancied, may likewise predispose a child toward psychological exploitation of others, just as such weakness seems to stimulate in other children a compensatory striving for intellectual or artistic superiority. The child of a parent who exploits him may, by identification, perpetrate on others a method of which he himself had formerly been the victim; or having noticed in himself the sequence of uncontrolled behavior—remorse—atonement by good deeds, he may by experimental projection find that he can often count on eliciting a similar response in others.

While identification may play a significant role in creating the psychological exploiter, it seems more specifically that it is likely to determine just who is to be exploited. Thus, while the prosecuting attorney who identifies himself with authority and the forces of law and order will exert himself to exploit a sense of guilt in the criminal in order to get him to confess, an attorney who identifies himself with the hard-pressed criminal, and in his choice of a profession devotes himself to defending criminals, will seek rather to exploit the sense of guilt of the judge and the jury. We need to know much more about the exploitative character before we can fully account for it. We now can only surmise how an arch-exploiter develops the instinct to detect a suitable victim and his vulnerable spot as unerringly as the wasp finds the only host in which she must lay her eggs. Turning to the other participants in this relationship, it is highly probable that the susceptibility to exploitation of the sense of guilt is most easily activated among individuals who are depressive, obsessional, or masochistic.

The capacity of some individuals heroically to espouse and defend what reason dictates in the face of denunciation, punishment, social ostracism, rests in no small measure on the soundness of an adequate superego, sustained in its values and goals by an independently strong ego. Although the establishment of a superego represents an internalization of an originally external authority for the discrimination between right and wrong, good and bad, few, if any, mature individuals bring the process to completion. The individual most closely approximating a state of autonomy would be one endowed with the superego of the exceptional character just cited; most removed from it, those who lend themselves too readily to exploitation of their sense of guilt because of dependency on the moral judgment of others *(9)*.

VI

At first glance the mechanism of exploitation of the sense of guilt, in so far as it influences and controls the behavior of

another person by provocation, resembles masochistic provocation *(9, 3)*. In masochistic provocation, however, the aim is generally considered to be punishment, humiliation, frustration because of the pleasure to which they are a precondition, whereas in exploitation of the sense of guilt we assume that the aim is to exact obedience, indulgence, special consideration. The masochist seeks sadistic love; the exploiter, acquiescence and submission. It is possible, and perhaps common, for both mechanisms to occur in the same individual as one or the other of his sadomasochistic components come to the fore. Thus, the masochist by provocation obtains the flagellation he craves, but he may go on from there to a further benefit, counting on a display of his wounds to arouse guilt, compassion, and atonement in his assailant.

The common element of playing on the emotions of another person to gain indulgence invites comparison to what Alexander *(1)* called 'bribing of the superego', in which, after the superego has been appeased by sufficient atonement, it relents enough to permit reindulgence. Manipulation plays a role in both processes. However, in bribing of the superego it is an intrapersonal process in which the superego is appealed to. Exploitation of the sense of guilt, on the contrary, is a personal process in which another individual is the object of appeal. One seeks indulgence from his superego; the other, in accordance with the dictates of his superego, seeks indulgence from an individual.

SUMMARY

The ubiquitous phenomenon of venally exploiting the sense of guilt in an individual and among groups large and small is studied psychoanalytically. The evolution of the device as a mode of adaptation in more complex and sophisticated societies is traced. In accordance with the principle of multiple functioning, other mechanisms and applications of the device are identified. Genetic precursors of the phenomenon are suggested,

and speculations proposed to account for predispositions to the roles of exploiter and of exploited victim. Comparisons with and differentiation from analogous phenomena are drawn.

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SOME ASPECTS OF THE DEVELOPMENT OF THE EGO IDEAL OF A CREATIVE SCIENTIST

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Recent emphasis on ego psychology has been paralleled by an intensified interest in the creative process. Many authors have studied the adaptive role of various ego mechanisms which have served as integrating concepts toward understanding the metapsychology of creativity.

Conceptualization of the ego as an apparatus with diversified functions in subsystems is one of Freud's contributions. The history of ego psychology need not be explored here since key articles have been written on this subject. Two articles, however, are particularly pertinent in introducing the line of inquiry to be pursued. Freud *(7)* discussed the interaction of id impulses, ego mechanisms, and memory traces in normal thinking. Hartmann *(16)*, in a similar and comprehensive fashion, expanded this theoretical approach, placing the ego as a pivotal concept in a theoretical framework. He attempted, in his formulation of autonomous ego functions, to explain phenomena outside the realm of psychopathology. There has been considerable debate as to whether creativity is such a phenomenon.

In a previous communication *(12)*, I attempted to demonstrate by clinical observations that psychopathological processes hindered and sometimes completely inhibited creative activity. Lee *(21)*, Klein *(18)*, and others consider creative activity a healing factor in overcoming a depressive episode. Kris *(19, 20)* studies the various ego mechanisms in somewhat more detail and concludes that the ego undergoes a regression, controlled in nature, during creative activity. Eissler *(4)* believes that there is an expansion of the ego which has to be differentiated from regression and, in his pathobiographical study of

Goethe *(6)*, concludes that conflict has to become encapsulated so it cannot interfere with other ego functions responsible for artistic innovation.

No attempt is made here to define creativity since the definition itself is controversial and cannot be settled on a purely descriptive basis. Rather, the ego process accompanying creativity is considered the essence of creative phenomena. The special environments, developmental potentials, and particular sensitivities of both creative artists and scientists have been discussed by many authors, particularly Greenacre *(14)*. These studies have also helped us in our understanding of psychic structure. The study of the creative process, one of the 'higher ego functions', is a useful method which may contribute to the formulation of a comprehensive ego psychology. The circular situation of conceptualizing within a fluid and impermanent theoretical system from a series of clinical observations may have paradoxical elements but is not unusual in an empirical science. Whether one is interested in creativity per se and wishes to utilize ego psychology for its study, or is primarily interested in ego psychology and wishes to use the study of the creative process as a referential position, should not make too much difference if our observations are extracted from psychoanalytic material.

Here certain theoretical principles, derived from the observations of scientists in psychoanalysis and postulated in a previous paper, are expanded. Energic shifts between primary and secondary processes and the increased efficiency of various integrative and synthetic ego mechanisms are scrutinized further and enlarged upon with the presentation of more detailed clinical material and special references to genetic and developmental areas which were not previously emphasized. Instead of exploring psychoeconomic factors and specific energy distributions, the role of memory traces and their organization as introjects are stressed with specific reference to the formation of the ego ideal. The nature of the ego ideal, the specific introjects, and the ego's constriction or expansion when faced with conflict distinguish one person from another. Although the creative person

tends to handle his conflicts in a characteristic manner, defensive techniques common to the noncreative person are also used.

The infantile experiences to be described are not considered as necessary determinants for creativity. One cannot reach conclusions about the source of a scientist's talents from a clinical study. The men I have studied were precocious, and constitutional factors must have been significant. Certainly they were not creative because they had particular psychic conflicts.

This study stresses that the techniques used to master problems may be effective in creative activity. Similar ego processes may operate during psychic development and in scientific creativity. The concepts discussed are derived from observations of the transference reactions of a patient who received universal acclaim for his discoveries. Genetic material is considered when it is relevant to the primary data. In the interest of discretion the following presentation is purposely vague about data which is of minor importance to the thesis.

The patient, a young unmarried man, sought treatment because of episodically recurring depressions during which he could not do creative work. Although many people sought his company he did not believe that they were really interested in him but that they gravitated toward him because of the fame that he had achieved as a scientist. He was particularly vexed because he was not able to form any deep, lasting, or 'inspiring' friendships.

His relationships with women were transitory; he indulged in occasional sexual relationships but felt no emotional bond with any of his partners. Toward men he felt that he was never able to effect any particularly close tie and his friendships were characterized by shallowness. He had idealistic notions concerning a deep bond with both a man and a woman and desperately wanted someone that he could look up to and respect. All the people he had met had 'feet of clay'.

The only area in which he did not feel disappointed was that of science. He spoke of science in anthropomorphic terms and

worshipped the ideals of truth and discovery. It was sometimes difficult to distinguish whether he was talking about a deity or concepts from his particular field of work. He emphasized the strength of science, its immortality, omnipotence, and trustworthiness.

He described his mother as a dominant ambitious woman who idolized him. The patient enjoyed this attention and the fact that he was in the spotlight, but was also made uncomfortable by being shown off. He was sensitive to the fact that he felt 'exhibited' and as a consequence grew to distrust her. An aspect of this conflict was his recognition that his mother was inconsistent. She tended to revere and praise him but could at other times act very cruelly. He was never able to predict her outbursts of anger. For example, serious transgressions were overlooked or forgiven quickly, while on other occasions he was treated harshly for only minor offenses. He developed the belief that women were paradoxical and unfathomable creatures.

He went on to describe his mother as charming, talented, and able to use tact which sometimes bordered on manipulativeness. She displayed an outward demeanor of selfless submissiveness to men and had a superficial feminine attitude indicating docile and gentle qualities. The patient, however, felt that this was deceptive. He remembers that after he had come home late from a date during his adolescence, his mother went into an intense rage and spanked him brutally. The patient could never forget the anxiety as well as the shame and humiliation of this assault.

His father ostensibly had a position of supreme authority. He was dominant, vocal, and seemingly made all the important decisions in the household. He demanded and commanded respect and was considered sagacious, cosmopolitan, intellectual, a veritable fountain of wisdom whose authority and strength would protect the family against any calamity. This idealistic picture received more than just re-enforcement from the mother; in fact she clearly helped create this portrait.

The patient reported a rude awakening during latency in his

estimation of the father. In so far as his social world had expanded beyond the confines of home, he was able to compare his father with those of his friends. Perhaps he 'had never noticed before' but now he compared his father's competence and social poise with that of other men, and recalled instances, such as parties, social events, scout meetings, or other community affairs, where he had noticed that his father was shy and withdrawn and behaved in an inept and ineffectual manner. He stressed the fact that his negative re-evaluation had occurred precipitously, almost overnight, and that his disappointment had known no bounds. He was extremely melodramatic when he revealed this material.

This reaction, which is frequently seen in adolescents, occurred when this patient was seven years old. The patient was now aware of his mother's dominance and, in retrospect, he believed he had then decided she was really the ruler of the household. All of her ambitions were directed toward him (he was an only child), and she tended to exploit his intellectual abilities. She had supreme confidence in his talents, and the patient became accustomed to thinking of himself as potentially creative.

This close relationship also had erotic components. She would often undress before him and not only bathe in his presence but sometimes took her bath with him. The relationship with his mother became the pivot around which all activity revolved and his father was pushed into the background. He was treated as a 'miniature adult' and was given the prestige, authority, and status that 'should have belonged to father'. The mother treated him as a confidant, discussed matters of adult importance by the hour with him, and respected his comments and decisions. The patient revealed how frightened he was of this 'honor', although, at the time, he believed he was pleased.

During latency he became a hero worshipper. Eighteen months after having experienced the disappointment he 'sought and found' an understanding and sympathetic male teacher whom he greatly admired. From his description it became ap-

parent that the reverence and adoration he had felt for the father had been shifted to the teacher. The teacher, in turn, reciprocated in that he was enthusiastic about the patient's scientific potential. Since he was always so far ahead of his classmates and displayed a sophistication considerably beyond his years, he constantly found himself in the position of a protégé with an enthusiastic mentor. He had a series of such teachers, many of them spending much time tutoring him. During high school he continued to receive praise and more definite encouragement to pursue science. He recalls being engaged even then in innumerable discussions that were passionately devoted to scientific ideals. Although he maintained some contact with his contemporaries, these relations meant less to him.

Even in elementary school the teachers treated him as if he were an adult. He felt that his teachers had been able to open up a new vista, to show him a horizon with unending possibilities, and to point out a world that he never suspected existed. Through them he achieved an 'intensive learning experience which reached sublime and blissful levels'. His propensity for hero worship reached even greater heights when his mentors introduced their own personal heroes through conversations and literature. These were the great men of science, the builders of the foundations of the particular field the patient later pursued. First the patient revered the men, then arduously and eagerly assimilated the pioneers' work which led increasingly to an attitude of self-reliance. This form of idealism continued in his adult life. The original teachers were, of course, left behind. But the patient succeeded in forming a relationship with the scientist his first teacher revered. It was shortly after this man's death that the patient sought analysis.

The transference neurosis revealed in meaningful detail the sequence of object relationships that were presented from the genetic background of this patient. He began his analysis with complete trust and confidence. As observed in other scientists this patient had a feeling of reverence for psychoanalysis

and considered Freud one of the greatest geniuses of all time, ranking him at the same level or even above some of the great men in his own field. Consequently, he thought of the analyst as a god who could accomplish almost any miracle and attributed qualities of flawless perfection and infinite wisdom to him.

The patient's unconscious wish was to incorporate the omnipotence he had assigned to the analyst not only to gratify all of his infantile longings but to become a superman in his own right. His idealization took on grandiose and magical qualities. For example, his dreams always portrayed the analyst as a person of supreme strength who would nurture him and rescue him from some mysterious and destructive force. The alliance of patient and analyst would make him invulnerable and superior.

After about six months, the inevitable disappointment occurred and the patient was so bitter and depressed that he nearly terminated the analysis. At this point he felt that the analyst was unable to do anything for him, and described him in exactly the same terms he had previously used in speaking of his father, i.e., dull, materialistic, passive, ineffectual, crass, and stupid. Interpretation which he had previously valued so highly now became meaningless. He was depressed and withdrew from all object relationships too. His interest in science diminished and he was unable to produce anything. He vehemently denied that he had ever learned anything from the analysis and told of a dream in which a man who was a composite of the analyst and his father gave him something to eat which he found distasteful. He did not feel the substance to be particularly harmful but he believed that it would not do him any good nor have any nutritional value. He then defecated the substance and felt relieved because of the bowel movement. His associations dwelt on the conviction that his father was unable to teach him anything useful and that he had to extrude what was incorporated from him and of him after he discovered his weakness. This dream is very much like that discussed by Abraham *(1)* in his classic paper on the dynamics of depression. It will be recalled that Abraham tells of his hair turning gray

after the death of his father, which he interpreted as indicating his introjection of the lost love object, and that he overcame his depression when he was able to expel this introject anally, a situation which was manifest in his dream life. Shortly after his dream, my patient's depression lifted and was followed by a period of enthusiastic creative activity.

After this the patient felt he was able to see the analyst in a new light. He commented that he now realized that what he wanted from life did not really exist and that the ideal qualities that he believed me to have possessed (similar to those his father had prior to the 'catastrophic disappointment') were not to be found without some special effort. He could not passively wait for some such person to appear. On the contrary, he felt that he had to construct such a person himself.

As he elaborated this, he indicated that it was not simply that he had to create such a person in fantasy. He did, in fact, mean that but, more important, felt that he also had to turn toward the outer world to find a person to whom he could give the ideal qualities his father lacked and which I also could not supply. He was preoccupied with the task of creating an ideal person and of including this ideal in an object relationship.

He gradually began feeling positive toward me and his behavior vacillated between the position of a student and that of a teacher. At times he cast me in the role of being able to learn a good deal from him, and patiently preached standards of conduct, integrity, and scientific idealism. He wanted me to learn what it meant to be curious and to pursue knowledge assiduously for its own sake. On the other hand, he felt that I had a good deal of technical information and was a master in logic, well-grounded in the philosophy of science, and thereby could supply him with the power to master the mysteries of the universe. This latter attitude was similar to the former one where he deified the analyst but he now felt that these were not qualities that were inherent in me but qualities that I possessed because he had been able to help me develop into an omnipotent person. He definitely felt responsible for my omnipotence

and the material clearly revealed that he believed that he had succeeded in creating a 'superman'.

Often his descriptions of transference feelings indicated that he was not speaking of a person. His 'creation' became so esoteric that it gradually lost most of its human qualities. His descriptions of me became so abstract that my person was no longer required. In other words, he was speaking of an ideal which was itself science but his conviction was that he had created it. As he incorporated elements of this ideal within his personality and grew more confident he did not feel he acquired his abilities from me. Rather, he believed that he had created his own ideal in the outside world, in this case by making a superman out of me, and then introjecting it. At this time, the patient was reaching a peak in his creative abilities and was so ecstatic that once again he saw no need to continue analysis.

Fortunately, some inroads had been made into the defensive meaning of such an idealization and into his need to believe that no one gave anything to him. He now spoke of his fear of his mother and brought it up contiguously with his precipitous disappointment and consequent irreverent attitude toward the father. His reconstruction was that she subtly exerted a marked influence on his attitudes and loyalties. She was the one who had set the father up as a god and he, being somewhat a martinet, had enjoyed the role. She propagandized for him to her son; his attitude of reverence was, as a result, founded more on her influence than on actual experiences in his relationship with his father. His mother was equally adept at tearing him down and had subtly undermined his confidence in his father for a long time. His confidence and esteem in his father gradually eroded under the influence of her insidious destructiveness, but the final collapse seemed to be traumatic and sudden. At this point in the analysis the patient became preoccupied with unpredictable women. He felt then that he had to turn toward the outer world and find a protector against his mother's engulfing destructiveness. The need for an idealized father was

particularly strong in that he represented an escape and a protection from mother. He had to be alert against a surprise attack.

During the latter phases of analysis, when he had insight into the conflicts just described, his ego ideal differed in that it had considerably less magical omnipotent qualities as its protective function was less evident. He still felt that he had created his own ideal and had had few actual life experiences after which to model himself, but he acknowledged that his mentors as well as his father in some way contributed to the content of this ideal.

DISCUSSION

The unique quality in this case was the time and manner that the patient attempted to master conflicting parental ties. He actively sought the idealized teacher, remote from the original parental object, during latency rather than at puberty or adolescence when this more frequently occurs. Many children go from disappointment to disappointment in an attempt to recapture the lost object and in some instances may even find it in an abstraction or cause.

His mother was reported as being extremely involved with him in early infancy. Similar to the description of Loewald *(23)*, it is possible that her narcissism provided her with sufficient empathy for his needs so that he gained the strength to seek new objects. The first disappointment may have occurred when her narcissistic investment blocked his maturation but had already sufficiently contributed to his ego strength[1] to facilitate his turning to the father rather than remaining fixated.

The patient was able to withstand the maternal onslaught because his father helped him in more ways than he was willing to acknowledge. After age seven, however, with the broadening of his social world, his father no longer afforded the needed

[1] Dr. Phyllis Greenacre stated that the mother 'contributed to the development of the autonomous ego inherent in gifted children, in that she permitted and encouraged his activities . . .'. (Personal communication.)

protection from his frightening fantasy of being engulfed by his mother. Seeking a remote idealized object was an attempt to make up for this lack.

The patient prided himself in believing that he had a forceful personality, one that had no difficulty in answering the questions of who he was and where he fitted in the fundamental scheme. Undoubtedly, his self-appraisal was narcissistically tinged, but a good deal of his self-satisfaction was without smugness as he contrasted himself sharply with his father's passive orientation and mechanistic materialistic outlook. He had a need to stress that his early introjected version of the father was for the most part repudiated and replaced by something else. The ideal qualities that had been previously attributed to his father not only ceased to belong to him but also ceased being ideal.

In this connection, the autobiography of the physicist, Michael Pupin is apropos *(26)*. Pupin goes into lengthy and admiring descriptions of his mother's strength of character, her confidence, and her interest in him, without which he felt he never could have been able to elevate himself to the pinnacle of academic achievement that he finally obtained. Still more interesting is the fact that his father is infrequently mentioned. The reader does not get a clear-cut impression of him as a personality, though the mother is described in considerable detail.

The lack of material about the father becomes especially interesting when Pupin goes on to describe his highly personal attitude toward science. That he had a need for a father became quite evident, but apparently he was disappointed in reality, and had to seek an idealized father elsewhere. Science, which he endowed with spiritual and religious overtones, served this purpose. He states that 'every American college and university could raise an invisible capital consecrated to the eternal truth and fill it with the icons of the great saints of science'. He felt that the 'saints of science' imparted their knowledge (secrets) to their sons, the young, eager, and sincere students

of science. Finding people of his own age inadequate as teachers, he sought older men and then revered them as if they were gods. He also implied that his attitudes were acquired without the help of a father in real life, but certainly the mother's role is not neglected. He felt that she inspired him to pursue what he considered to be the pathway to immortality.

The creative product is an expansion of reality, a new accretion to the outer world that is constructed and given form by the scientist. In a study of the ego processes accompanying creative activity, I have observed that this expansion occurs when the scientist is able to effect an expansion of his own ego, reflected in a heightened inner and outer perceptual awareness and unusual effective executive responses. The executive, integrative, and synthetic ego systems operate with greater efficiency and economy. They seem to have at their disposal energy which was not dissipated in countercathexis. The ego is free of conflict and, as Kris *(20)* has emphasized, secondary process extends to include primary process instinctual elements.

In describing reality-attuned behavior, Freud *(7)* pointed out that the id impulse cathects an appropriate memory trace that associatively corresponds to its content. These memory traces, which are found in the preconscious system, represent intrapsychic registrations of past experiences, situations, or relationships that have been meaningful to the developing psyche. When a need is stimulated, the ego executive system must function in accord with reality in order to supply the elements required to satisfy that need. Needs seek immediate gratification, but survival necessitates that executive systems be integrated with inner and outer reality. Freud pointed out that the process of thinking includes delayed action and testing potential action in graduated doses. In order to achieve this, the well-integrated ego draws upon a series of memory residues which have been gratifying and pleasurable or frustrating and painful. Integrated in these memories are the objects that have made possible the pleasure or pain.

Freud *(8)* said that a thought whose formation is stimulated

by an inner need reached preconscious existence 'through becoming connected with the word-presentations corresponding to it'. The verbal image constitutes the content of the preconscious memory system. Rapaport *(27)* extends this concept somewhat in that he believes that an idea, initally an instinctual representation, becomes conscious by being hypercathected and may or may not include a 'relationship to the verbal trace'. However, an idea, when elevated to the position of a thought retains its relationship to reality, which, according to Rapaport, occurs 'through experientially meaningful connections of ideas'. The latter are part of 'an experiential connection system of progressively more differentiated and discrete ideas' and are also part of the memory system. When the id impulse does not go through the secondary process refinement of thought, Freud *(9)* wrote that hallucinatory wish-fulfilment may result. In this instance, the memory trace of the archaic object affording gratification is revived and the aim of the psychic apparatus is merely to re-experience that perception which is connected with the gratification of the need. The object is viewed in a primitive fashion rather than as part of a gratifying reality-attuned experience. According to Freud *(10)*, ideas are cathexes of memory traces, whereas in a hallucination 'the cathexis passes over the memory system to perceptual consciousness' *(8)*. In this connection, Piaget *(24)* wrote that a thought requires no outside object to produce it (similar to Beres' concept of a mental representation) because it occurs from a combination of memory traces. Beres also considered this combining of memory traces a determinant of imagination and part of the process of creativity *(2)*. It should be stressed that in the case of thought oriented to reality the id impulses seek gratification through techniques acquired through past satisfactions and made part of the memory system. A hallucination does not.

My patient emphasized the object as a most important memory trace that could become integrated in behavior governed by the secondary process. During regressed states, his magical attitudes about objects were highlighted, but these attitudes

later became more sophisticated and refined when his integrative capacities were once again functioning. He felt earlier that he could 'command' the appearance of the archaic object for the satisfaction of infantile wishes or for protection. His fantasy was that, like a magician, he could conjure the object. The belief 'I see it, therefore it must exist' and the subsequent 'because I can bring it into view I am responsible for its existence' coexisted with intense scopophilic needs and may in some way be related to his vivid external perceptions.

By observation of the transference neurosis the megalomanic aspects of the 'peek-a-boo' creation of the object could be detected alongside his abstract scientific credo, his passionate idealization, and his creative fervor, all of which had become synthesized into an ego ideal.

The belief that he created the object stemmed from such primitive mechanisms of control but later, when secondary process integrative mechanisms were also effective and he could turn to the outer world, an expansion of the ego resulted instead in psychotic defenses and constriction of the ego. The ability to find substitute objects has been called a talent by Greenacre *(14)*, one which she included in the concept of 'collective alternates'. The gifted patient, according to her, turns to the outside world, to a variety of objects in order to fulfil needs and to seek protection in areas in which he had been disappointed with his own parents. I think that this patient and other creative scientists demonstrate this phenomenon which is accompanied by a high and abstract ego ideal.

The formation of the ego ideal is not being considered here as a causal factor to explain this patient's creative abilities nor is the reverse implied, i.e., that the patient's innate creative potential would inevitably lead to the formation of such an ego ideal. That creative ability and the ego ideal are in some way imbricated is obvious, but the connection cannot be understood without further exploration of genetic factors.

One of the first determinants of the early idealization of the father was the anxiety this patient felt in relation to his mother.

The image of the idealized father then protected him from the anxiety related to the early maternal introject. Since it was characteristic of him to be able to use the mechanism of seeking a new external object even as a child, as evidenced by his finding enthusiastic mentors, it is not surprising that his father image underwent changes, including partial decathexis, when his expectations of the idealized father were disappointed. The decathexis of the initial image enabled him to use the energy to cathect the ego systems active in the creating and seeking of new objects.

The decathexis of the father image was re-enacted in the transference neurosis but in this case it did not lead to what Eissler *(5)* described as the canceling out of a psychic element. Rather, the change in the image or in the elements superimposed on it lessened its power to deal with inner impulses or master external situations. The position the idealized father previously held as the central core of the ego ideal was no longer an active one; instead, he had been relegated to the realm of the negative, and whatever elements of the earlier identification remained led to a negative self-esteem and a sense of shame. Frequently, this patient's derogatory self-descriptions were almost identical to those of his father at another time. As a defense he sought out objects which he felt conformed to a standard that he had constructed. He then had to establish an object relationship in order to re-enforce the 'self-constructed' qualities he wished to achieve. He did what is done by every patient as the transference neurosis unfolds—he attributed certain qualities to an external object.

Heimann *(17)* has commented on a similar process in the discussion of sublimation and internalization. The ego normally 'assimilates' the qualities of the internalized parent if it succeeds in replacing the fantasied objects of early oral and anal sadism with more benign objects. The patient experiences such revision of objects as 'creating [or re-creating, according to present views] his parents rather than swallowing them'.

The introjected archaic object which is later transferred is, of

course, not identical with any person. A continuous revision of internalized objects occurs in the service of both the pleasure and reality principles. Nevertheless, certain elements, which vary according to the analytic situation, of infantile and archaic mental representatives are transferred. In this patient the early father ideal was replaced by the ideal of science which had to be 'objectivized' as the patient called it. After this occurred, he responded to the analyst in the same way as he did to his esteemed mentors. Later, in deeper transference states, the early idealized father image became obvious.

The influence of the precœdipal idealized father became apparent in spite of the fact that the patient denied its significance. This early image contributed to the later ego ideal and certain positive attributes seen in the father were projected onto others and reintrojected. Later, the elements of the introject formed part of a larger context—scientific idealism and ideals that he had attributed to teachers were introjected. Then this image was elaborated by many details. The details themselves became further and further removed from human attributes and, because of the increasing distance, took on an abstract quality. However, that which seems particularly significant is the refinement of the megalomanic fantasy of creating a needed object originally utilized for defensive purposes, and its application to realistic creative tasks.

The megalomanic fantasy of creating the object had a strong visual cathexis associated with it—its 'peek-a-boo' quality. Greenacre *(13, 15)* describes a strong sensory awareness and an unusual vividness of sensory impressions in such patients. This patient demonstrated a similar vividness and had many fantasies with intense scopophilic elements. He was very curious which was somehow related to seeing. The visual modality was pre-eminent in all his fantasies and he sought objects primarily by seeing. His thinking was also dominated by visual elements. Obviously, he was involved with primal scene elements but these need not be elaborated.

The integration of a primitive id impulse with scopophilic

elements into such a sophisticated mental representation as an abstraction then includes a reality-oriented refinement of the impulse. The elevation of a psychosexually induced need to that of an abstract idea is similar to the formation of the scientific ego ideal from the need for a supporting father figure.

In his autobiography, Pupin commented that his most meaningful learning experiences came from his mentors who introduced him to the works of some 'great ones'. My patient, like many scientists, felt that the elements of his most meaningful and lasting experiences were transcendental. He could not explain in any logical, coherent fashion what he actually experienced while learning, but revealed that he felt his most potent knowledge was assimilated in some magical way. This included experiences of awe (Cf. *13*) somehow, but vaguely, related to his highly esteemed hero teachers. Others have described this more graphically as having 'learned through the process of osmosis' and, as one patient said, 'by fusion with an outside powerful inspirational force that comes from another reality'. My patient's descriptions of his teachers were so esoteric that they did not seem human or concrete at all but, in themselves, represented a kind of abstraction. This was the direct antithesis to what he felt about his father, but it is interesting that he could feel so powerfully about object relationships and elevate them to superhuman levels.

In this connection, Greenacre (*15*, p. 11) pertinently states, '. . . the developing gifted child, even in very untoward circumstances, will sometimes be able to find a temporary personal adult substitute or even to extract from a cosmic conception some useful personalized god conception on which to project his necessary idealized father and himself to enable him to develop further'. Greenacre also felt that one of the parents, usually the father, had to 'qualify for the mantle of greatness'. Although my patient denied any such qualities in his father it was quite apparent that his father's role was significant.

In this analysis, idealizations served to avoid experiencing hostile feelings toward the revered object while directing them

toward the debased one. The self-image and the ego ideal became fused and the debased images decathected during zestful creative activity. Klein *(18)* spoke of this decathexis of a debased image as a restoration of it in the ego ideal and the restitutive quality of creativity has been referred to by many authors, Lee *(21, 22)* in particular.

This patient insisted on the important distinction between creating something new and simulating creativity through the elimination of an interfering element. To remove crabgrass was not, according to him, the same thing as an original landscaping arrangement. To exorcize devils within oneself or to destroy their projected counterparts in the outside world is a process of constriction, in contrast to the expansion of the ego in the creation of an 'addition' to reality. Since the father had become an object of disappointment, because he felt the mother had destroyed him, he had to find moral and æsthetic values in the external world. Being unable to depend on father as a model produced a 'gap'. He then had to fill it by seeking other models for he could not accept the paternal image, either as he saw it at the time or as he had previously seen it in its positive version. This he felt was a laudable pursuit in that it represented independence. Independence and initiative also had defensive qualities, of course, in that they represented a reaction-formation against passive longings. He did not believe that he had been 'discovered by his teachers'. Instead, he emphasized that he found the teachers and attracted them to himself by being an active and brilliant student.

Ordinarily there is a continuum from the father to a culturally accepted hero and then to values and ideals. The progressive abstraction of the ego ideal previously described leads to a similar abstraction of the discovered outside objects required to sustain it. The primary identification with its archaic and primitive features furnishes later objects with primary process qualities, giving them their transcendental, superhuman, magical, awe-inspiring characteristics. Abstraction, on the other hand, is a secondary process function, the antithesis of the concreteness

of the id. *The combined action of the primary process associated with this early father introject and the progressive abstraction of the later object into a scientific idea or concept leads to an ego ideal that values creative discovery.*

In the formation of the ego ideal there is a synthesis of a variety of perceptual experiences which later determine the roles and strivings of the person. Rosen *(28)* speaks of a progression from early stages of image formation to later stages of concept formation requiring the synthesis of projective mental contents along with an introjection of external objects. He considers such processes in terms of their relevance to imagination and, in an earlier paper *(29)*, discusses how such operations are pertinent to the process of abstraction.

Thoughts, like any psychic element, must be viewed in terms of a developmental continuum. The psychic model has been conceptualized as consisting of a variety of systems including the physiological as well as the psychological. Freud's earliest model basically was one of stimulus and response. An outside stimulus was conceived as passing from lower systems to higher ones, at the highest levels being experienced as a thought. An impulse can then be considered as having to pass through a variety of stages, roughly from being experienced as a vague visceral sensation to an animistic affective perception and, at the most sophisticated level, as an idea, autonomous and separated from personalized factors.

Similarly, in the development of the ego ideal, such a synthesis and introjection of percepts of external objects takes place gradually in a serial hierarchal fashion, each object being perceived in a progressively more sophisticated manner that is consonant with the particular phase of psychosexual development. In many instances the progression (from primitively perceived part objects to the complex and sensitive evaluations of individual persons) is beset with a variety of vicissitudes. Its course is not necessarily smooth and, as with this patient, there can be severe disappointments. The child may go from disap-

pointment to disappointment in objects and finally turn to an abstraction or a cause.

As has been previously discussed *(12)*, there is a wide range of energy, a broad spectrum of extremes of primary and secondary processes, operating during creative activity. The ability to vacillate between primary and secondary processes has been noted by many authors as a particular feature of the creative person, one that involves all ego systems, including the superego and ego ideal. At the secondary process end of the spectrum, the psyche can form concepts and deal with abstractions. One notes that for this patient the early father introject determined the direction of the later abstractions. Finally, abstraction proceeded to a point where a person was no longer required *(Cf. 24)*; instead, elements that extended beyond the perceivable concrete reality were sought. Bronowski *(3)*, Poincaré *(25)*, and other introspective scientists remarked that a theory or an abstraction always extends beyond the observable data and it is that extension that constitutes the creative product. The creative activity, the mastery implicit in such activity, becomes the axis around which the ego ideal maintains itself.

The activity described here, turning toward the outer world to seek objects in order to construct an ego ideal, and then the progressive abstraction of the object, constituted a talent for this man that was relevant to his creative ability. Nevertheless, it must again be emphasized that the developmental vicissitudes that he experienced are in no way considered to be responsible for his special abilities. The origin and source of his talent cannot be discussed here, since there are no data from the frame of reference that I have introduced that would be relevant. The sources of creativity are still as much a mystery as ever, and all one can attempt to do is to explore further certain developmental factors in a person known to be creative.

SUMMARY

Pertinent object relationships of a creative scientist undergoing psychoanalysis are given in order to understand the develop-

ment of his ego ideal. The transference neurosis highlighted some of the introjective-projective mechanisms used to form a composite father-science-image of lofty proportions transcending any concrete experience.

The patient remembered an early attachment to his father described as forceful, confident, but more or less tyrannical. At the beginning of latency he suddenly saw his father as an ineffectual, passive martinet. His previous image of him was destroyed and the reaction was extreme disappointment. His mother, seductive, dominant, manipulative, and unpredictable, significantly affected his assessment of the father. In order to master the conflict in his relationship to his mother, the patient sought a strong, consistent father image with spiritual, esoteric qualities, one that was best embodied in the canons of science. This led to a progressive abstraction of the personified aspects of the ego ideal as his ability to abstract was a well-developed talent.

The techniques employed in the formation of the ego ideal were particularly relevant for later creative activity. The acquisition of such techniques is not discussed since the psychoanalytic data do not contribute answers to the question. It is possible that specific developmental vicissitudes, by producing a need for such integrative methods, served to stimulate their use and led to their development though other life circumstances could have had a similar influence. The same circumstances in other patients can produce an entirely different clinical picture showing no significant creative ability.

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RELIGIOUS PREJUDICE IN AN EIGHT-YEAR-OLD BOY

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A fragment from the analysis of a child during the period of latency is presented to demonstrate some of the defenses at work in the development of a prejudice.

Brian Bird traces prejudice to important steps in the development of the ego and the superego by way of the mechanisms of identification (incorporation) and projection. These mechanisms, Bird and others observe, do not lead in such cases to constructive self-evaluation and self-criticism, but to grossly biased judgment and criticism displaced to others. Bird defines prejudices as nascent self-criticism within an ego that cannot tolerate or utilize it. He speculates that children, generally, incorporate the criticism of adults and defensively project it in varying degrees onto others to avoid an intolerable burden of guilt. When the immature ego grows sufficiently strong, it can tolerate the pain of acceptance. At that point projection should lessen and be inwardly integrated, the guilt should be consciously acknowledged, and prejudice unnecessary.[1]

A six-and-a-half-year-old boy was continuously anxious, afraid of darkness, of his own bed, and of fire. His mother said of him, 'He is impossible to live with. Nothing is right.' During what little sleep he had, he was frequently awakened by terrifying dreams of which he, as a rule, would say only, 'I can't stand them. I want to forget them.' To allay his fears the parents, who slept nude, had for many weeks taken him into their bed when quite regularly he was terrified during the night. It had become his

Presented at the Annual Meeting of the American Psychoanalytic Association, in St. Louis, May 1963.

[1] Bird, Brian: *The Etiology of Prejudice.* J. Amer. Psa. Assn., V, 1957, pp. 490-513.

recent habit to dress for school at two o'clock in the morning and sit waiting in a lighted room for morning. He told his parents one recurrent nightmare: 'I push a red button. There is a blast of air that pulls me into the basement and then a fire breaks out.' He remained anxiously convinced that he would be destroyed by pushing the red button.

From the age of six months he had slept very fitfully, his parents being roused three or four times each night to quiet him. He had first had some transient fears shortly after an only sister was born, when he was three-and-a-half. Until his third birthday his pants were always wet and he was a 'real messer' with his feces. At five-and-a-half he was masturbating frequently and openly. When the analyst first saw him he was usually clinging to his penis through his clothes.

Both college graduates, the boy's liberal Jewish parents were intensely emotionally involved in their son's problems. They responded well to direct advice, promptly instituted some reasonable limits to nudity in the family, and discontinued what had amounted to giving the boy rewards for being anxious. In spite of much symptomatic improvement he continued to have a severe, unresolved œdipal conflict which led to psychoanalytic treatment.

The child was unable to recall for me a dream, and could not tell a fairy story because 'Jack and the Beanstalk is too scary to tell. . . . At school they have picture books that scare me. There is one that I can't even tell you about. It's the worst of them all. It's about superdog. I'm afraid of being alone in bed.' On the cover of the superdog book, brought at my request by his mother, was the photograph of a dog with erect ears. He turned his back to the book and ordered his mother and me to get rid of it. 'If I don't look at it', he said, 'it will go away'. The child could only try to dispel his fearsome fantasies and painful affects by denial, displacement, and intellectualization. The intensity of his castration anxiety was proportional to the external provocation of his œdipal conflict.

During the second year of his analysis he became preoccupied with what mothers and fathers do in bed with each other. It

worried him that in chess the queen is much stronger than the king. An old daydream recurred to plague him: boys are born with a root inside of them which flies out through the end of the penis, cutting the end of the penis open so that urine can escape. 'My root', he confided, 'shot out the first time I urinated and hit my father on the nose and cut it open. . . . I am afraid I might get a cut myself; it would be so big that you could fall into it.' This led to concern that the radiator might fall off his toy automobile. He could still dispel his fears with fierce activity, intellectualization, and a striving for omniscience.

Two toy animals, Wuzzy and Fuzzy, which he took to bed with him, liked, he said, to dance all night. He sang 'I Could Have Danced All Night', and said that these animals first embraced, then sat on each other's faces. He was beset with worry that Fuzzy was ruined because he had a hole in the bottom. He was next seized with the notion of a huge wound. Either he or I would get it and the other would fall into it. In this context was the fantasy, 'Mother has a terrible huge cut in her and maybe you will fall into it'. There was troubled speculation about brides, and something about someone who had a big operation. Persisting some months was the fantasy that a hole was being dug outside. Children who might come to the hospital might die and be put in the hole.

The day after his parents returned from a vacation he fell from a tree and broke two upper front teeth. He pretended not to care, and denied that it hurt although he was much preoccupied with fantasies of physical injuries at this time. 'Women', he said, 'are made from men by cutting off the penis and that is why they have such a big cut. . . . A man on the third floor of a factory sawed his penis off. The penis fell into a can of green paint on the second floor and then fell into a pickle barrel on the first floor. A lady bought the pickle, which she thought was fine, but complained that it squirted her in the face when she bit it.' He first laughed at this story but concluded it scared him.

Repeated interpretations of his various denials and displacements of his fear of losing his penis gradually enabled him to

endure the associated painful affects and to begin to bind and master them. After a year and a half of treatment he was able to talk about how worried he was that his penis might be chopped off: 'I am afraid that I will be changed into a woman that way; then', he consoled himself, 'the only way I can get any strength will be for you to fall into my cut. It will close over you and I will have you and your strength.' Once on biting into a candy bar he was frightened when one of the caps that covered his fractured teeth was dislodged. As he regained composure, he first guessed that he was worried about losing that tooth but then decided that the real fear was of losing his penis.

The following autumn he was much pleased that he was entering a new school. 'At my old school', he explained, 'if you are in the third grade they make you go to the principal's office and get your penis cut off. I'm glad I don't go *there*. Oh, how they suffer! . . . I know they don't really do this but I thought about it so much that it seems almost real.' An upsetting daydream was of his wish to take his father's penis and use it on his mother. Concurrently he began to express a dislike of anything having to do with religion, especially Christianity. 'I don't know why', he said, 'except that religion is not nice'. Although his family professed no religious faith or practice, they had sent him to a sectarian school where he had been exposed to Christian teaching. Allusions to religion were interspersed among fantasies of castration and genital bleeding. The following sequence is typical: 'I am worried about something. Period. I don't know what it is. Period. Why is there so much blood? Period. A penis eater comes around each month and destroys the penis which causes the bleeding. Period. I am worried about Jesus' penis. That's a bad word and I shouldn't have said it.'

It was after almost two years of treatment when he started to talk about hating God, whom he wished to destroy. He formed a 'Hate God Club', wanted me to join, and he wrote many notes which stated, 'Dr. Gordon hates God'. Asked why he hated God so much, he explained his reasons. 'God', he declared, 'is the meanest man in the world. God's son, Jesus, was down on earth

and went around boasting about how he had the biggest penis on earth. Everyone admired it and loved it. It was beautiful. God hated him for doing this, and got a bunch of soldiers to come. They nailed Jesus onto a cross. They threw penis cutters at him. They cut off his penis a little bit at a time until there was nothing left. He suffered so. It was terrible. I will never forgive God for this.'

The next day he announced: 'I am now the penis cutter man. I work at hospitals and remove penises from all the little girls so that they will then be little girls. . . . God gave me this job and gave me a special big vacuum. I just go around and suck the penises off and remove them. . . . Maybe the penis eater has eaten my penis.' (His mother had been in a hospital where she had had a spontaneous abortion.)

In the succeeding session he drew a picture of Jesus on the cross with a huge penis 'over a mile long'. 'It was cut off and Jesus said as he died, "I hate God".' The child was told that his problem was not hating God, not hating Jesus, but that he was worried about his own penis, and about what he thought when he rubbed his penis: 'You want to be a father penis cutter yourself and seem to think that you will get punished terribly for wanting that'. He shouted, 'Oh boy! You are so right.' Because he wanted to cut off God's penis, he feared that God would cut off his penis.

He had projected onto God his own wish to castrate his father. He hated God for that wish, as he thought father would hate him for having it. He was identified also with Jesus in his wish for the biggest penis, and in his fear of being castrated for it.[2] God and Jesus were clearly displaced representations of his father and himself. In addition, however, he was partially identified with the vengeful father-god whom he wished, in a reversal of roles, to castrate: 'I am now the penis cutter man'.

A month later he reported that his mother, who had found him crawling about in his sleep, asked him what he wanted.

[2] Cf. Lubin, Albert J.: A Boy's View of Jesus. In: *The Psychoanalytic Study of the Child, Vol. XIV*. New York: International Universities Press, Inc., 1959.

Still asleep he had said, 'I am hunting for a hole to put my oil burner in'. He laughed while telling this. As I was about to ask him to recall the repetitive dream about pushing a red button—which he had had just before beginning analysis—he interrupted to say that he was reminded of 'that red button dream'. I said that it sounded as if he was hunting for a very special hole to stick something into, something of his own. He said, 'You're going to tell me that it is a penis and that I want to stick it in my mother, and that is what's causing my worries'. He laughed and observed: 'You would have been right last week but I am getting rid of such nonsense'.

SUMMARY

An intense religious prejudice erupted in the second year of an eight-year-old boy's analysis. It represented the conflict originating from externally exacerbated œdipal conflict. He required treatment for continuous anxiety, numerous phobias, insomnia, nightmares, and intractable behavior. As the œdipus complex emerged into consciousness, the wish to rob his father's penis for an incestuous relationship with his mother created such a fearful threat of castration that the entire conflict was projected onto God (the castrating father) and Jesus (the castrated son). He criticized God for doing what he himself wished to do. With insight he was able to accept and control his own wishes and fears and no longer needed to project them onto God and Jesus. The prejudice disappeared.

Psychoanalytic studies indicate that an unresolved œdipus complex frequently underlies racial and religious intolerance (Cf.: Bird, Brian, *loc. cit.*). Such prejudice is manifestly an irrational fear that a racial or religious group will usurp one's own or his group's most cherished privileges and possessions, material or spiritual. This fear of losing something, be it money, status, prestige, or other, basically appears to be anxiety about being castrated. A suggestive confirmation of the sexual nature of prejudice is the ultimate cliché of racialism: 'Would you want your sister to marry one of them?'.

A CIRCUMCISION FANTASY

BY RICHARD V. YAZMAJIAN, M.D. (NEW YORK)

Analysts have always been keenly interested in the psychoanalytic and anthropological implications of circumcision: however, as Nunberg *(4)* observed, detailed accounts from patients of fantasies about circumcision are notably rare in the psychoanalytic literature. A singular circumcision fantasy that appeared in identical form in two patients prompts this report.

Both patients were intelligent, well-educated Jews whose moderately orthodox religious training provided familiarity with Jewish religious practices and lore. One patient, treated by intensive analytically oriented psychotherapy, was a latent schizophrenic whose difficulties included an exhibitionistic perversion of many years duration. The other, in psychoanalysis, was a neurotic whose only perverse trait was an occasional compulsive drive suddenly to exhibit his penis to his wife. Both patients had been in treatment approximately four years. In both instances the conscious fantasy was that circumcision consists simply of incising the dorsal aspect of the prepuce, thus permitting it to roll back behind the glans penis.

Questioning revealed that as children they both had attended circumcision rites. The exhibitionist recovered memories of observing the actual proceedings, while the neurotic reported memories which only strongly suggested that he had also directly witnessed the surgery. It was definitely established that both men had repressed their knowledge of the reality and had defensively elaborated the conscious fantasy. These well-educated patients had managed to avoid connecting the term circumcision with their conscious knowledge that the prefix *circum* signifies around, about, or on all sides.

The lifting of his defenses brought to light the extraordinary value of the prepuce to the exhibitionist. Thinly disguised fantasies included the possession of a prepuce which could magically protect his glans from injury and castration, and his penis from destruction by phallic penetration. The neurotic patient promptly repressed

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the facts he had relearned in analysis and maintained the fantasy up to the time of his own son's circumcision. Unconscious identification with his son first aroused vague conscious fears of mutilation and death and led to the subsequent re-emergence into consciousness of his terror of circumcision.

The efficacy of the defensive function of this fantasy is reflected in the years of treatment which its uncovering required. These patients were able consciously to acknowledge that they were circumcised, could discuss circumcision in various contexts (including psychoanalytic and anthropological literature with which they were somewhat familiar), and at the same time totally deny the fact that the foreskin had been removed. This defense would appear to have a relationship to fetishistic mechanisms.[1]

The many colleagues with whom these cases were discussed have never encountered this fantasy among their patients. This is surprising since Jews constitute a major ethnic group in metropolitan New York and circumcision is also prevalent among Christians in this area. Initially these two cases were thought to represent a statistical oddity but anthropological data altered this impression.

Bettelheim *(1)*, Darlington *(2)* and Devereux *(3)* refer to various primitive tribes whose pubertal initiation rites consist solely of incising the dorsal surface of the prepuce. Bettelheim uses the term 'superincision' to describe this procedure. It has also frequently been demonstrated that wishes or fantasies which are culturally inculcated and enacted in one society appear in individual members of another society in the form of idiosyncratic conscious or unconscious fantasies. Accordingly, the correspondence of the fantasies of these patients and the pubertal rites of some primitive tribes probably represents more than mere coincidence. If this is so, the fantasy cannot be as rare as it seems.

The seeming clinical rarity of the fantasy might then be a result of the powerful effectiveness of a defense which permits conscious acknowledgment and simultaneous denial of circumcision. A contributing factor may stem from special countertransference difficulties which interfere with careful investigation of this topic. It is noteworthy that both patients had made numerous references to

1 Though obvious, it should be stated that this obsessive distortion of reality is a defense against castration anxiety. Slitting would then appear to be a lesser threat than total ablation. [Ed.]

circumcision before the fantasy was elicited. Clinical experience has led the writer to adopt the practice of directly asking all patients, whether male or female, what are their conscious conceptions of circumcision as soon as the topic presents itself in their associations.

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BOOK REVIEWS

SUICIDE IN SCANDINAVIA. By Herbert Hendin. New York: Grune & Stratton, Inc., 1964. 153 pp.

The point of departure of this interesting and challenging study is a statistical one, the well-known fact of the high suicidal rate in Denmark and Sweden and the perhaps less well-known one of the comparatively low rate in Norway. Hendin, a follower of Kardiner's interest in cross-cultural studies, saw an important opportunity to study and compare what he calls the psychosocial character of three closely related and relatively homogenous societies and at the same time scrutinize subtle differences in parental attitudes in the three Scandinavian countries. His hope obviously was that the discovery of these differences may shed some light on the discrepancy between the Danish, Swedish, and Norwegian suicide rates. He approached this task with thoroughness and dedication. He learned the languages of the countries and familiarized himself with their history and the modern expressions of national folklore, such as women's magazines and the popular cartoons. He then interviewed suicidal patients in all three countries, studied the case histories of others, and interviewed as a study in contrast normal members of the population. The result of his labors are presented in this book.

A general discussion of the history of theories of suicide and an outline of the psychodynamics of suicide serve as an introduction to the specific problem, suicide in Scandinavia. In his search for understanding the psychodynamics of suicide, Hendin interviewed patients who had made severe suicidal attempts but survived. He was especially interested in eliciting the various fantasies of these people about death. To find the unconscious fantasies he ingeniously used the dreams of the suicidal patients, dreams that occurred just before the suicidal attempt. He distinguishes seven different attitudes: death as abandonment, death as omnipotent mastery, death as retroflected murder, death as reunion, death as rebirth, death as self-punishment or atonement, and death as a phenomenon that in an emotional sense has already taken place. Hendin believes that these fantasies represent the leitmotifs characteristic of the suicidal patient. However it seems to this reviewer that in every

suicide all the basic conflicts and forces in a human life are mobilized and it is extremely difficult to ascertain which one is the leading motif or the foremost driving force behind a suicide.

The idea that there are different leading fantasies in every suicide, that suicides have their own characteristic styles, must have contributed to the author's expectation that he would find the difference between Danish, Swedish, and Norwegian suicides. To find those differences he endeavors to study the psychosocial characters of the three nations. The term, psychosocial character, is used to describe characteristics usually summarized as national character. Abstractions of this kind should be considered, to use a felicitous term of Max Weber's, as 'ideal types'. Hendin's observations on the differences in the Scandinavian national character, keeping in mind that they are generalizations, are well-taken.

Hendin emphasizes the great dependency needs of the Danes which have roots in the typical Danish mother's attitude to her children. She likes to fondle and baby the child, puts more emphasis on how well the child eats, how much he weighs, than on those of his activities and qualities that separate him from her. The Danish mother tries to curb the child's aggression or disobedience by making him feel guilty, indicating that the child's behavior causes suffering to the loving good mother. Hendin believes that the great dependency needs the Danish upbringing fosters are responsible for the fact that Danish suicides are so frequently motivated by the need to be reunited with a deceased beloved one, parents, or another love object. The Danish suicide, one could say with some exaggeration, is characterized by Hendin as the 'sweet', sentimental suicide whereas the Swedish is the bitter, angry one. But could it be that the suicidal individual in Denmark is less ambivalent in his relation to his love object than in other countries? To this reviewer's mind this is a very unlikely assumption.

The author describes well the peculiarities of the Swedish national character. Swedes are reserved, they do not show emotions, and in extreme cases one can observe a detachment that approximates an emotional deadness. Swedish men consider show of emotion feminine, not becoming to a man. Swedish mothers often resent being tied to their children and therefore try to force independence on the child too early. A critical rejecting mother is even more harmful to a girl-child than to a boy, who has more socially

sanctioned outlets for aggression, first in play, later in work. Hendin believes that the rejecting mother is an important factor in the high suicide rate among Swedish women, especially if in marriage the husband repeats the mother's unaffectionate attitude. The male suicide in Sweden, according to Hendin, is seldom motivated by loss of the love object. It is rather the failure to reach ambitious goals.

What are the reasons for the conspicuously lower suicide rate in Norway compared with its neighbors? Hendin's hypothesis is based on a comparison of the attitudes to child rearing. Among the three Scandinavian countries, Norwegian mothers succeed best in achieving encouragement of independence in their children without withholding loving care from them. Arousing guilt in the child is not a major method of discipline used by the typical Norwegian mother. They encourage greater emotional freedom in their children and correspondingly the Norwegian adult is emotionally much less restricted than the Swede. Achievement of ambitious goals is also less stressed. At the same time dependency needs are less strong than in Danish people.

The typical method of Norwegian child rearing seems to produce less tension and inner pressure and thus fewer individuals are predisposed to suicide. Such a thesis is difficult to prove or disprove. Yet it deserves careful consideration because its consequences, if the thesis is correct, are stupendous. To this reviewer, unfortunately, it does not sound too convincing. Psychosocial character may influence certain aspects of behavior, such as eating habits, in a somewhat uniform way, but such a complex phenomenon as suicide is the secret of a unique individual life. But even for those readers who will not share Hendin's approach, his book can be highly recommended. It is a thoughtful, carefully documented contribution to the understanding of Scandinavians and the problem of suicide.

GEORGE GERO (NEW YORK)

LA PRÉSENCE DU PSYCHANALYSTE. By S. Nacht. Paris: Presses Universitaires de France, 1963. 203 pp.

The decade 1952-1962, during which the author has been a distinguished leader of the psychoanalytic movement in France, is covered in these selected papers. The topics discussed range over a wide area, from an essay on unconscious anxiety to a treatise on de-

pressive states, with several papers on variations in analytic technique and finally an exposition on what he calls the 'presence' of the analyst. In spite of the disparity of the subjects, a fact acknowledged by Dr. Nacht, there is a thread of continuity. He views the problems of psychoanalysis from the point of view of the clinician concerned with the primary role of unconscious anxiety in the pathogenesis of the neurosis and with the crucial role of the 'presence' of the analyst in dealing with this anxiety. The emphasis is thus on the relationship between doctor and patient.

The value and special interest of this book lies in the fact that Dr. Nacht discusses in detail the basic unconscious attitude of the analyst in effecting a cure. He addresses himself courageously and honestly to problems involved in maintaining the so-called analytic neutrality and attempts to delineate technical situations, especially in the termination of an analysis when this 'neutrality' must be modified. He indicates what he means by such modification and attempts to steer between the Scylla and Charybdis of too rigid analytic neutrality and the temptation to act out in the counter-transference. He emphasizes in his closing chapter that the most important contribution of the analyst is not what he says but what he is, whence the title of the book.

Besides a rich discussion of technical problems and the role of the unconscious attitudes of the analyst, Nacht also clarifies his concepts of primary organic masochism and the 'pre-object' stage of development of the infant, concepts relatively unfamiliar to American readers. The chronological arrangement of the chapters does not always make it easy to follow the thread of the book; for example, chapter eight is on criteria for termination of analysis, chapter twelve deals with technical problems of termination, and the intervening chapters are on such diverse subjects as depressive states and the death instinct. This arrangement requires the reader to do a good deal of re-reading.

The volume represents a most worthwhile contribution, especially in that it illuminates controversial topics with wisdom derived from long years of analytic experience, as well as with honesty and a sharp analytic mind.

HENRY F. MARASSE (HARTSDALE, N.Y.)

PSYCHOANALYSIS AND THE HUMAN SITUATION. Edited by Jessie Marmorston, M.D. and Edward Stainbrook, M.D. New York: Vantage Press, Inc., 1964. 270 pp.

Contributors to a *Festschrift* often make special efforts to produce original and significant papers, hopefully trying to emulate the highest achievements or the unique approach of the man being honored. This volume drawn from the proceedings of the Symposium on Psychoanalysis held in Los Angeles in honor of Franz Alexander's seventieth birthday, offers little that measures up to the worthiest of Alexander's contributions. Each author seems to have contented himself with either a brief panegyric or a mildly contentious reworking of familiar material. Three papers, for example, are profiles of Alexander but they deal only superficially with the man and his career. Two studies by nonanalysts discuss the parallels between psychoanalysis and history (Meyerhoff) and the problem of evaluation of the results of psychotherapy (Strupp). Although the latter paper deals with familiar ideas it has the special merit of stressing methodology in its critique of the various studies in the literature.

The paper by Roy S. Grinker, Sr., does little to live up to its title, Psychoanalytic Theory and Psychosomatic Research, other than to point out the obvious need for understanding the interpenetrations of psychological, cultural, and biological factors in any given experience or response. In this paper, and in several of the others, small barbs are tossed (or heavy lances tilted) at 'psychoanalytic theory' which are obviously pertinent only to instances of methodological ignorance or technical sloppiness.

This type of sniping also discredits the papers of Edith Weigert and Leon Saul, which take up a few clinical and technical problems in a most casual and frequently redundant fashion. With simplistic zeal and Procrustean diligence they attempt to reduce all psychoanalysis to what they consider its essence, a 'technique of re-education', but their arguments fail to convince or impress, or even to appear novel.

A feature of the Anniversary Symposium seems to have been an extended panel discussion on Psychoanalysis and Medical Education. Unfortunately, only summaries of the remarks of the five par-

ticipants are given in this volume. Although these are too truncated to be very instructive, it seems clear that Pumpian-Mindlin made an effort to introduce some terminological clarity into the discussion, describing useful and precise designations for psychoanalysis, dynamic psychotherapy, and the other psychological approaches referred to by the panel. Since there was no great uniformity of understanding about the crucial distinctions involved, the contributions of each of the authors represented here is marred by one aspect or another of this confusion.

The paper by Alexander which provides the title for this volume has some parts of special interest. In attempting to evaluate the place of psychoanalysis in Western culture he makes use of a historical perspective and an epistomologic focus to put forth some interesting ideas on the evolution of this science. In passing he mentions that 'Neurophysiology never will bury psychology; it only will complement it. Human interactions, and therefore the social process, constitute a dimension of phenomena other than brain physiology, and the expectations to reduce the universe relentlessly to the laws of physics and chemistry are as hopeless as they are senseless. On the other hand, the hope that by more precise psychologic understanding of human behavior, man may be able to gain a similar mastery over his personal fate and the social process as he has been able to achieve over the forces of the inanimate world, may be utopian today but not senseless' (p. 76).

However, in another direction his emphasis is exemplified by the following. 'Even more ominous is the trend pervading the psychoanalytic community itself in the direction of standardization, uniformity, and ritual, as the unavoidable consequence of growing institutionalization' (p. 79). This lament is echoed by several of the other participants in the Symposium but nowhere is the charge amplified or documented.

By a fortuitous circumstance this book was read by the reviewer immediately after coming upon an article by Professor Edwin A. Boring.[1] For an instructive lesson in the significance of simultaneously held incompatible beliefs or attitudes in scientists, this book might well be read together with this interesting paper. Otherwise

[1] Boring, Edwin A.: *Cognitive Dissonance: Its Use in Science.* Science, CXLV, No. 3633, 1964.

there is little to recommend it over other well-known publications of the various authors involved, a fact that makes this a less than festive collection.

HERBERT F. WALDHORN (NEW YORK)

INSIGHT AND RESPONSIBILITY. LECTURES ON THE ETHICAL IMPLICATIONS OF PSYCHOANALYTIC INSIGHT. By Erik H. Erikson. New York: W. W. Norton & Co., Inc., 1964. 256 pp.

In this, his most recent volume, Professor Erikson offers the collected fruits of his thought as delivered in a series of lectures over the past eight years. Addressed to a variety of audiences, and previously published in a variety of professional and academic journals, they are bound together by a common and continuing concern with the ethical implications of psychoanalytic insights.

It is not entirely clear to what audience this book is directed. Most of the lectures were prepared for and originally presented to non-analysts—German university scholars, interdisciplinary groups of social scientists, Indian students, and the like. One, however, is an expanded version of Erikson's memorable address on Reality and Actuality, presented at a Fall meeting of the American Psychoanalytic Association, and specifically designed for listeners and readers with a high level of analytic sophistication. The marriage of the two classes of subject is a somewhat uneasy one; for the psychoanalyst, and particularly for one familiar with Erikson's ideas, much of the book is repetitious and oversimplified, and becomes wearing on repeated confrontation. Yet, the discussion of the Dora case and the Count Thun dream in the psychoanalytic lecture will surely be obscure and trying for the lay reader (though it may send some analysts scurrying back to their Standard Editions!).

Beyond the reiteration of his basic epigenetic concepts, his preoccupation with the problem of identity formation, and his efforts to enlarge the scope of ego psychology to include consideration of what he calls 'virtues' (by which he refers to certain varieties of 'inherent human strength'), Erikson is here involved with application of psychoanalytic modes of thought and humanistic concern for broad social, historical, and ethical problems. That he does not 'solve' any cosmic issues matters less to us than does the fact that he

succeeds in suggesting some potentially fruitful modes of approach to serious thinking on these questions.

'Serious' is a critical term here. It is a fact, however unpleasant, that much psychoanalytic thought in these 'applied' fields has been, in the worst sense of the word, frivolous. Uncritical extensions of individual psychology to group psychology, of pathology to normal social movements, of child development to the development of social institutions, of utopian 'culturalist' popularizations of analysis to complex social problems—all have at one time or another been offered as major contributions to our understanding of man and his world. It is to Professor Erikson's credit that he exposes, both directly and by implication, the defects of such methodological naiveté, and that he succeeds here, as he did so brilliantly in Childhood and Society, in demonstrating a method by which the psychoanalytic study of the individual can be integrated with the sociological study of cultures into a unitary frame of reference.

Overriding Erikson's methodological interests, however, are his concerns with the ethical future of man and with the problem of human survival in an era of unparalleled technological and ethical crises. In his efforts to extend his concepts of mutuality, fidelity, and identity formation to the sphere of social action, he adds an ethical dimension to psychoanalytic theory that avoids the mushy sentimentalizing and evasions of fundamental biological fact that have marked the efforts of some other thinkers in this field. His conceptualization of the distinctions between 'morality', 'ideology', and 'ethics', and their relation to phases of individual and social development, is a masterpiece of clarity and a superb paradigm of his mode of intellectual operation.

For the practicing psychoanalyst, however, it is his thoughtful differentiation between 'reality' and 'actuality' that has the most immediate interest. In this distinction Erikson offers a much-needed corrective to the all too frequent model of psychoanalytic thought that equates 'action' with 'acting out' and that, at least in its more perverse form, tends toward a pattern of obsessive rumination over motives that leads to situations in which 'the native hue of resolution is sicklied o'er with the pale cast of thought, and enterprises of great pith and moment . . . lose the name of action'. The problem of distinguishing socially or individually constructive action—or 'actualization'—from 'acting out' is, of course, not always easy, but

Erikson suggests that more than one analysand has been fixated in his identity as a 'patient' by the failure to clarify it.

The applications of insight to action, both in the individual and the social realm are, then, the objects of Erikson's attention in this book. Despite the occasional floridity of his style, the somewhat tedious reiteration of the phases of the life cycle, and the effort to appeal to a heterogeneous readership, this book will be of interest and value to analysts concerned with the genuine ethical dilemmas to which Erikson modestly and humanely addresses himself.

AARON H. ESMAN (NEW YORK)

THE ANNUAL SURVEY OF PSYCHOANALYSIS. A COMPREHENSIVE SURVEY OF CURRENT PSYCHOANALYTIC THEORY AND PRACTICE. Vol. VII, 1956. Edited by John Frosch, M.D. and Nathaniel Ross, M.D. New York: International Universities Press, Inc., 1963. 517 pp.

The seventh volume of the Annual Survey contains abstracts of articles culled from twenty-eight journals, eight of them foreign. Each category summarizes the literature and emphasizes the direction and progress of psychoanalytic thought. A concluding summary offers a critical appraisal of the abstracts, providing a background for estimating their relative importance. There is hardly an article of major significance in psychoanalytic literature for the year 1956 that has been omitted. It is inevitable, however, that some prove to be of less value than others.

As the Survey is primarily a book of reference, shorter abstracts may be preferable to longer ones. The writing of abstracts is difficult at best and, as might be expected, the quality varies. By and large, however, a high level of excellence is maintained. Epitomes of nine books which are included could have been abbreviated. Of outstanding interest is the Section on History which is devoted to Freud's Centennial Celebrations. It includes Freud's influence on contemporary thought, biographical contributions, predecessors who influenced Freud and the evolution and the dissemination of psychoanalysis. The volume is worth owning for this feature alone.

PAUL SLOANE (PHILADELPHIA)

PROBLEMS OF SLEEP AND DREAM IN CHILDREN. Edited by Ernest Harms. New York: The Macmillan Co., 1964. 147 pp.

Presented as a symposium, this collection of papers from various sources here and abroad is a curious combination. It includes some behavioristic essays, others speculatively mythological, a summary of recent experimental observations in this country, and several antiquated criticisms of freudian theory.

The Gesell Institute presents a normative study of sleep patterns up to the age of sixteen. We are told that in 'primitive' cultures where children are allowed to stay up until they are sleepy there are no sleep disturbances. Some of the data are interesting and difficult to explain. For example, between two and three years of age children often awaken from naps in a very irritable state, which is also a common distressing symptom of older psychotic children. Dreams are found to have a definite sequence of content: what are daytime fears in the child today are likely to appear in dreams twelve to sixteen months later. A significant change appears at the age of seven when the child becomes the 'central acting figure' of his dreams; this change is said to coincide with the child's becoming aware of himself as separate from his mother. The author concludes that individual differences are based upon Sheldon's constitutional types; fat people sleep better than thin.

The second paper is a review of some of the literature concerning the etiology of sleep and the physiological changes that accompany it. There is also a simplified presentation, based upon psychoanalytic ideas, of the intrapsychic factors related to sleep. Next comes a criticism of Freud's theory of dreams from the 'scientific logical' point of view. For example, the author states that symbols cannot be present in dreams because symbols are signs intended to express an idea, 'but in the dream intentional and coördinated thinking has ceased to exist'. The author's theory of the dream has to do with prelogical thinking which is not clearly distinguishable from what psychoanalysis calls primary process thinking, including most of the dream mechanisms mentioned in Freud's The Interpretation of Dreams. The objection apparently is to freudian theory of motivation and conflict.

A review of data correlating rapid eye movements, presumed to be associated with dreaming, with electroencephalographic patterns

associated with stages of sleep shows that periods of these eye movements are present in the neonate; it is concluded that although patterned dreaming is not present at birth there may be a re-experiencing of the past, a memory—perhaps transient—and certainly a 'unique physiological sleep state' which later becomes associated with dreaming. The periods of eye movement are shown (by studies of a center in the pontine reticular formation in cats) to be a pure brainstem function. Physiologically, these periods resemble the waking state, and perhaps in the infant the content of the mental phenomena matures in both states, from such modalities as olfactory and kinesthetic to the visual. The periods of eye movements indicative of somatic and central nervous system activity are considered as discharge phenomena and account for up to eighty per cent of the total sleep time in neonates and forty per cent in infants.

A short note criticizes Freud's statement that the dreams of small children are simply wish-fulfilments—which is hardly worth doing, since Freud's later studies and the development of child analysis long ago led to the same conclusion. A paper on dreams used as part of initial diagnostic interviews at a children's clinic shows that they were useful for the examiners, but one must deplore the emphasis on manifest content alone. Other papers offer metaphorical interpretations of symbols and Jungian interpretations of childhood dreams remembered by two adult patients. An eclectic discussion of the pathology of sleep, observations on head-rocking, and a paper on dreams that emphasizes visual function in dreams (they represent conflict between the forbidden wish-fulfilment of the dream and a defense by wakening) conclude a volume hardly worthwhile for the analyst, except perhaps as a reference on certain behavioristic data.

MANUEL FURER (NEW YORK)

RESIDENTIAL TREATMENT FOR THE DISTURBED CHILD. Basic Principles in Planning and Design of Programs and Facilities. By Herschel Alt. New York: International Universities Press, Inc., 1960. 437 pp.

Alt covers the full range of the problems of residential therapy for children with balanced consideration of the total therapeutic milieu, the educational program, the place of individual psychotherapy, and the complexities of administration which underlie the

effective work of all such institutions. The expository sections of the book and the illustrative case reports reveal clinical practices that have grown out of thirty years of experimentation and self-study at Hawthorne Cedar Knolls School.

The description of methods for individual psychotherapy employed at Hawthorne will be of interest to analysts. Although the clinical program relies strongly on psychoanalytic thinking, Alt reports discouraging results in attempts to employ an analytic child therapy for the severe ego disturbances encountered among the children there. The individual therapy developed at Hawthorne is directed primarily upon the immediate experience of the child 'on the assumption that he is not capable of being involved in any earlier or deeper layers of his growth'.

We may reflect that child analysis has, as yet, made no significant contribution to the development of psychotherapeutic methods for the residential treatment center. This is all the more extraordinary when we consider that developments in child analysis during the past two decades have expanded the range of childhood disorders that can be treated by it to include a wide variety of behavior disorders and ego disturbances. In private practice the problem of 'analyzability' of such children often has less to do with the nature of the disorder than with the problem of treating the child within his environment. Here, of course, the therapist in the residential treatment center has the enviable advantage of working with these damaged children within an environment that is designed not only to support and augment the individual psychotherapy but to provide corrective experiences for the past.

Within this favorable environment, child analysis or a psychoanalytic child therapy should be able to demonstrate its usefulness and, in many cases, its indispensability. Hawthorne's 'therapeutic guidance' has great value, demonstrated by the cases illustrated in this volume; yet there are, in every psychiatric residence for children, cases that cannot profit from a therapy that makes use of current experience alone. These are the children who cannot free themselves from the morbid experience of the past, who are driven to interminable repetitions of the past in the daily life of the institution. These are the children who transfer, almost indiscriminately, the attributes of the dangerous figures of the past to the personnel of the institution, and who relive the past as if the psy-

chiatric residence were their theater. For these children a psychotherapy that makes use of the past as well as the present, one that works with the repetitions from the past to the present, may be the only therapy that can free the child from illness and make it possible for him to build a new life through residential psychiatric care.

SELMA FRAIBERG (ANN ARBOR, MICH.)

THE BENDER GESTALT FOR YOUNG CHILDREN. By Elizabeth Munsterberg Koppitz, Ph.D. New York: Grune & Stratton, Inc., 1964. 195 pp.

As the author notes, the chief contributions of this work 'are probably the objective scoring systems which were standardized on more than 1200 public school children'. Dr. Koppitz emphasizes the special efficiency of the Bender Gestalt Test, since it can be used both as a developmental and projective procedure, and can, as a result of the work presented here, also be used in the screening of beginning school children and the prediction of school achievement.

The author's cogent review of the literature makes it clear that the time has come for this monograph which not only integrates previous research, but establishes more definitively the levels of performance that can be expected from children at various ages and the significance of the different deviations in the copying of the figures. In her own collection of normative data of 1100 school children, Dr. Koppitz differentiates between those distortions that reflect immaturity or perceptual malfunctioning and those that are not related to age but reflect emotional factors. She achieves her stated aim to provide ways of analyzing the Bender records to evaluate perceptual maturity, possible neurological impairment, and emotional adjustment, from a single test protocol. Many well-presented actual test protocols illustrate the conclusion.

This excellent, comprehensive manual for the use of the Bender Gestalt Test as a perceptual and projective test for all children between the ages of five and ten years, enhances the increasing usefulness of the test and is a necessary addition to the library of those engaged in diagnostic evaluation of young children. There is nothing in the book of particular psychoanalytic relevance.

MANUEL FURER (NEW YORK)

AN INTRODUCTION TO PSYCHOTHERAPY. By Sidney Tarachow, M.D. New York: International Universities Press, Inc., 1963. 376 pp.

Directed to psychiatric residents and their supervisors, this book consists primarily of edited tape-recorded conferences with residents and supervisors at Hillside Hospital. The first part is devoted to general problems of treatment, the second to special clinical problems, and the third to supervisors' conferences. A variety of subjects is presented including the theory of the therapeutic relationship, types of psychotherapy, the theory of hospital treatment, administrative problems, goals of treatment, the structure of the treatment relationship, education and reality, values in psychotherapy, interviewing, obsessive-compulsive defenses, acting out, depression, masochism, and the transference.

To quote from the cover, 'The author combines tightly reasoned chapters on basic theory and rationale of psychoanalytic psychotherapy with freely structured conferences in which the application of his approach and underlying thinking are illustrated in specific clinical settings'. These are consistent with the broad framework of traditional psychotherapy though many analysts would disagree with some of the concepts. For example, there is to be no therapy in the first session because the patient is entitled to one session to decide whether he wants to be treated by that particular therapist or wants to change his mind and not go into treatment at all. A correct interpretation results in object loss and depression and one may disagree with the author's prognosis of the patient with homosexual behavior, or with his differentiation between psychoanalysis and psychotherapy.

As an introduction to psychotherapy the book is a worthwhile contribution. It is written in a clear, concise, straightforward manner with a good balance between basic concepts and clinical examples. By presenting cases in the form of clinical conferences, Dr. Tarachow reveals the interplay between teacher and student; he presents his ideas in context, and offers numerous illustrations of his conduct of therapy. His basic attitude toward teaching is stated in the chapters on supervision, in one of which he states, 'the teaching of the resident should be instruction in terms of the problems and needs of the patient, as expressed in the specific clinical phenomena of the patient'. He emphasizes that the supervisor is an instructor

and not a psychotherapist. One chapter title is Teacher or Critic?. Dr. Tarachow is a serious student of the teaching and supervisory process and evidently enjoys it. I strongly recommend the book to anyone interested in psychotherapy and the teaching of it.

NORMAN H. RUCKER (NEW ORLEANS)

LA RELATION THÉRAPEUTIQUE. MALADE ET MÉDECIN. (The Therapeutic Relationship. Patient and Physician.) By Jean-Paul Valabrega. Paris: Flammarion, Editeur, 1962. 276 pp.

All doctors are involved in transference reactions from their patients and countertransference reactions to them. Excepting psychoanalysts, and perhaps most psychiatrists, other specialists, general practitioners, and surgeons are totally or insufficiently aware of this unconscious interrelationship. Its therapeutic importance cannot be exaggerated. Valabrega calls it an 'intersubjective process' with deep emotional implications. Full awareness of the psychic factors involved in this interrelationship inevitably leads to much more competent management of every patient.

In the physical illness, the author agrees with Freud that there is a narcissistic investment of the ego and of the body. This, he says, does not constitute a complete withdrawal of the libido from the object; rather, there is a regressive redistribution of the libido, which has been partly withdrawn from objects previously cathected and reinvested in new objects in accordance with the sick person's dependent needs. The secondary narcissism is a regression to a state of primary love which involves introjection of the object.

Valabrega discusses at length the significance and importance of the œdipus complex, particularly its displacement onto the doctor as father and, in turn, the partial identification with the doctor which includes an element of aggression. Illness is equated with death, evil, and punishment, and therefore unconsciously connected to each patient's feeling of guilt. Disease in some instances may be conceived as a 'substance introduced into the body' or as a 'theft of the soul'. Magical thinking is conspicuous; a wish to contaminate others may derive from the wish to protect oneself; also, the person of the physician and the 'medical ceremony' are heavily invested with magic. The author reminds us the physician is not so far removed from the shaman and medicine man as we like to believe.

Latent homosexuality may distort the patient-doctor relationship. The doctor is often presented as a magician and as a hero. His knowledge may be interpreted as sexual omniscience. His sexual performance may be belittled or, when it is exaggerated, place the patient in a passive, castrated feminine position. Fantasies of being beaten are closely correlated with this unconsciously erotized wish.

Among women, feminine physiology itself—menstruation, pregnancy—can become equated with illness. Pregnancy may be confused with bowel functioning and the therapy may be equated to a delivery. In both sexes the homosexual component is often of the greatest significance in the therapeutic relationship, patient and physician being placed in the unconscious in varying bisexual roles.

The book closes with Glauber's study, A Deterrent in the Study and Practice of Medicine,[1] to illustrate the source of some of the inhibitions and difficulties which medical men may encounter in working with their patients.

This is a solidly based psychoanalytic essay. It may not add much that is new to the psychoanalyst or to the unconscious forces operative in the relationship between the patient and his doctor, but for physicians generally and for students of medicine it is a valuable, detailed, and conscientious review of the subject.

RENATO J. ALMANSI (NEW YORK)

MODERN PSYCHIATRY. A HANDBOOK FOR BELIEVERS. By Francis J. Braceland, M.D. and Michael Stock, Ph.D. New York: Doubleday and Co., Inc., 1963. 346 pp.

This handbook of psychiatry is a lucid and comprehensive history, description, and psychology of psychiatry. Not wholly committed to the freudian viewpoint it nevertheless gives a clear psychoanalytic introduction to psychopathology and psychotherapy.

A relatively small part of the book is devoted to the imbrication of psychiatry with religion. If one accepts the premise of the existence of God there is little quarrel with the authors' discussion of the relationship of psychiatry to religion, morals, philosophy, and free will. The authors quote Freud to reconcile the coexistence of free will and psychological determinism. These various issues are

[1] Glauber, Peter I., M.D.: *A Deterrent in the Study and Practice of Medicine.* This QUARTERLY, XXII, 1953, pp. 381-412.

presented without arrogance or self-righteousness; the delimitations of psychiatry from other disciplines is clearly defined. The discussion of psychotherapy is on solid ground. There is a brief, unnecessary, and irrelevant lapse into anti-Communism. In general, this book may be recommended as a suitable text for the education of a religious public in the place and meaning of psychiatry.

SIDNEY TARACHOW (NEW YORK)

DETERMINANTS OF HUMAN SEXUAL BEHAVIOR. Edited by George Winokur, M.D. Springfield, Ill.: Charles C Thomas, 1963. 230 pp.

The Fourth Annual Conference on Community Mental Health Research, held by the Social Science Institute of Washington University in St. Louis, is reported herein. Representatives of various disciplines discussed social and biological factors in human sexual activity. The data of Masters and Johnson provided an anatomic baseline for such study. Attitudes toward sexual activity, sexual identification, and lust orientation were discussed.

Kallmann and Money concerned themselves with genetic and biological determinants of human sexual behavior; their work shows the need for a better integration of biological with psychological research into the early determinants of gender identity. Despite the fact that a psychoanalytic approach was conspicuously absent, the factor that emerged as indisputable was 'rearing' with its implications for body image and object choice as a determinant of heterosexual or homosexual development. The papers that attempted an evaluation of human sexual behavior from the social and sociological point of view leaned heavily on the use of question and answer which gave little insight into the underlying fantasies of the individuals interviewed. This left one with a relatively superficial impression of dynamics.

Unfortunately the diversity of approach and variety of interests made it impossible to come to any over-all concept. Nonetheless, the conference did point up the need for further detailed study of human sexual behavior with dynamic psychology of an analytic variety as an essential part of such a study.

ANITA I. BELL (NEW YORK)

SOUNDMAKING. THE ACOUSTIC COMMUNICATION OF EMOTION. By Peter F. Ostwald, M.D. Springfield, Ill.: Charles C Thomas, 1963. 186 pp.

Psychoanalysis has been persistently criticized for its failure to provide 'objective evidence' for its concepts, and has been repeatedly admonished to be 'more scientific', by which is usually meant—imitate the physical sciences and use a statistical method best applicable to precise measurements of variables that can be expressed numerically. Dr. Ostwald's experiments may arouse a certain skeptical expectation that a study of the acoustic communication of emotion may give confirmation to some psychoanalytic tenets about affects and their expression by providing a nonanalytic method of investigation, and thus perhaps meet some of the clamor for objectivity, precision, and measurable variables.

The author introduces his monograph by stating that communication by sound is necessary for human comfort and survival, emphasizing the predominance of auditory over visual communication in psychopathology. He inveighs against dividing the content of human communication into the denotive and the emotive and stresses their inseparability.

The history of human soundmaking begins with the mystical assignment of omnipotence to various sounds by primitive civilizations which develop into the various forms of musical expression as we know them in the modern sense. The evolution of the science of sound starts with Hippocrates' discoveries of human sounds as diagnostic aids, the studies by the Pythagoreans of the relationship between physical stimuli and the sensation of sound, leading eventually to the studies of Helmholtz which put the physiology of sound perception on a firm scientific basis. Such sounds as animals make, baby sounds, the inarticulate speech of developing infants, and psychotic regressions are characterized as rudimentary. Learning to speak adds new sounds to one's repertory and suppresses infantile patterns. Deteriorated psychotics regress 'acoustically' as everyone knows.

There are seven qualitative attributes of sound, each with a gradient between extreme endpoints: rhythmicity, intensity, pitch, tone, speed, orderliness, and shape. The method by which intensity and pitch are measured is described. Sound analysis allows the in-

vestigator to record the total intensity, in decibles, of the sound output in each half-band range of frequency, providing a sound spectrographic record of the results.

An analysis of various human sounds, a baby's cry and four varieties of adult vocal productions, is made, each presented with typical spectrograms. Similar studies are made of one patient's speech during eleven psychotherapeutic interviews, of twenty normal individuals subjected to the experimental stress of a foul-smelling chemical, of thirty psychotic patients compared before and after standard physical and chemical therapies, of four mute patients, and of four with speech disturbances. The results show that it is quite possible to characterize acoustically many of these varieties of human sounds in terms of the patterns of the distribution of sound energy for each frequency range; that is, the human voice at any given moment can be described on the basis of how much of its soundmaking is concentrated in which pitch range or ranges.

Despite the care with which the data are presented, and despite the author's conviction 'that there are significant relationships between soundmaking and psychopathology, and that these relationships can be defined scientifically', the psychoanalyst is left with a sense of disappointment and a scepticism about studies of this kind. Nowhere is there considered the difference between emotions experienced intrapsychically and emotions expressed in words which, from the psychoanalytic point of view, is an integral part of the broader problem of the motivations of behavior, of which speech is but one aspect. There is frequent resort to highly charged descriptive terms for which any method of measurement is lacking. The attempts to relate psychopathologic entities to acoustic spectrographs lack both the variety and refinement of genetic-dynamic formulation which alone would provide sufficient specification of a significant relationship. Ostwald acknowledges at the end the limitations of his method and, in a personal communication, states he is extending acoustic measurements.

The use of such colloquialisms as 'think big' and 'hocus pocus' are inappropriate in a book addressed to a scientific audience. The inclusion of an interest in communication with creatures from other planets is, even if prophetic, a bit premature. The analogy between idiomatic speech and lexicography is a confusion of orders of language; also in including with speech other bodily

visceral sounds, involuntary or semivoluntary. The author's previous warnings to the contrary, he separates denotive and emotive speech, a troublesome and contradictory dichotomy.

A more fundamental criticism brings the entire method of acoustic analysis of brief segments of taped vocal material into question. With the recent development of analysis of the communicative significance of body motion by Birdwhistell,[1] and the development of the analysis of sound film by several groups of investigators (studies to be published by G. Bateson, H. W. Brosin, R. L. Birdwhistell, F. Fromm-Reichmann, C. F. Hockett, and N. A. McQuown; Albert E. Scheflen; Felix F. Loeb; William S. Condon; and the reviewer), the characterization of communication of emotion limited to acoustical analysis of two vocal variables is plainly insufficient. Investigators of human communication are currently demonstrating that it occurs simultaneously at the linguistic, paralinguistic, motor, and visceral levels; that no one channel has exclusive claim to emotional communication; that any given piece of communication takes its place among others.

The development of a system of notation for linguistic and kinesic modes of expression enables an investigator to delineate specific behavioral concomitants of affective expression without having to wrench them from their context in the communicative process. Although further detailed investigations of the acoustical properties of human soundmaking are undoubtedly of scientific value, the linguistic-kinesic synthesis appears to be a more fruitful approach to elucidation of the communication of emotion.

E. JOSEPH CHARNY (PITTSBURGH)

THEORIES OF THE MIND. Edited by Jordan M. Scher. New York: The Free Press of Glencoe, 1962. 748 pp.

Scher has brought together the predominantly original contributions of thirty-five prominent psychologists, philosophers, physiologists, psychiatrists, and theologians to suggest answers to his basic

[1] Birdwhistell, Ray L.: The Kinesic Level in the Investigation of the Emotions. In: *Expression of Emotions in Man*. Edited by Peter H. Knapp. New York: International Universities Press, Inc. 1963. Also, Body Motion. In: *The Natural History of an Interview*. Edited by Norman A. McQuown. New York: Grune & Stratton, Inc. To be published.

question, 'What is Mind?'. The volume has three parts: 1, Mind as Brain: physiological aspects of the brain, nervous system, endocrine glands, and the behavior of animals and men; 2, Mind as Participation: humane, psychiatric, and cybernetic definitions; and 3, Mind as Method (Of Elephants and Men): a miscellany of methodologies—introspection, memory, mathematics, hypnosis, and paranormal communication.

As not uncommonly occurs with such an arrangement, the book suffers from a wide variety and unevenness of styles and orientations. Two quotations seem appropriate here: Angell's dictum, 'We should glean information wherever it can be found', and Wittgenstein's, 'Whereof one cannot speak, thereof one must be silent'. Thus it is indeed distressing that several contributors, apparently established and distinguished in their academic fields, still harbor so primitive and distorted an understanding of both clinical and theoretical psychoanalysis. Moreover the articles by Percival Bailey and Jules Masserman are marked by diatribes against classical psychoanalysis. It is equally unfortunate that no definitive psychoanalytic article or point of view is included. Several quotations may suggest the flavor of the articles dealing (usually peripherally) with psychoanalysis. Bailey: 'Classical psychoanalysis applies a somewhat peculiar form of demi-theology'. Taylor and Wolpe insist that we 'must correct the widespread belief that abnormal mental processes are responsible for neurosis', the etiology of which is 'an intrinsically simple conditioning process'. Glad, using an inflated beach ball as a metaphor, remarks, '. . . psychoanalysis expresses the intensity and anxiety of being overfilled with a seminal surplus'. Fortunately Angell's dictum about gleaning information is also applicable. There are a number of interesting, well-documented articles which may be of general interest to psychoanalysts despite a major emphasis on anatomic, physiological, and molecular psychology. Ralph Gerard even suggests that 'there is no twisted thought without a twisted molecule'.

In the first section, the articles by E. Roy John and Charles Shagass emphasize the neurophysiological indicators of emotion as well as physiological models for learning. Harold Himwich contributes an interesting article on tranquilizers and antidepressant drugs, describing their interrelations and mode of action through the thymencephalon. Another worthwhile contribution is by How-

ard Liddell on The Biology of the 'Prejudiced' Mind. ('Prejudice' refers to conditioned reflexes.) His experiments with sheep and with the mother-child relationship are fascinating. However, too many contributors still base their hypotheses on the 'black box' concept of the mind introduced by the behaviorists and certain learning theorists. In the second section, Harold Kelman's article discusses mind as 'minding—a creating, emerging, evolving process', and correlates his concept of psychoanalysis with the Zen doctrine of the East and with existentialism. Several articles deal with the relation of the human mind to various mechanical models and automata ('androids'), the consensus being that the machines have not captured the 'essential' aspect of mind, including consciousness, and also are mute about the subjective aspects of human behavior. The editor, Jordan Scher (also editor of the Journal of Existential Psychiatry), offers a cogent presentation of the existentialist position in an article on Mind as Participation, emphasizing 'presentness' and availability as fundamental aspects of man's nature. In the final section, Herbert Feigl offers an interesting solution of the mind-body problem through an identity theory of the mental and physical, comprising a reality that is represented in two different conceptual systems. There are also creditable articles on hypnosis, introspection, and the growth of culture.

In summary one can, with care, glean some interesting information from this volume, but the strong bias toward mechanistic, behavioristic concepts of the mind makes it difficult to recommend.

BERNARD D. FINE (NEW YORK)

ABSTRACTS

Bulletin of the Philadelphia Association for Psychoanalysis. XIII, 1963.

Maturity in Religion. Abraham Kaplan. Pp. 101-119.

Kaplan considers the religious attitude rather than religion as an institution. He contrasts infantilism in religion with a number of deep basic attitudes which constitute a more mature religious attitude. Infantilism in religion is as prevalent as it is in politics, art, and love. Some persistent infantilisms are discussed, such as the belief that adequate submission to an external authority assures salvation; that God, priest, and savior are essential to religion; that there must be faith in the sense of accepting propositions without any evidence; that religion is an instrument of personal wish-fulfilment. Mature religion is rare and difficult to achieve. It expresses humility, seriousness of purpose, responsibility, joy, and gratitude for the world as it is, rather than dependency, anxiety, guilt, and fantasies of complete wish-fulfilment.

A Specific Problem in Adolescent Boys. Difficulties in Loosening the Infantile Tie to the Mother. Liselotte Frankl and Ilse Hillman. Pp. 120-129.

Much of this material centers around a young boy who began treatment at eleven and continued through adolescence. At the same time the boy's mother was in analysis, presenting an unusual opportunity to study the interactions which served to perpetuate the psychopathology in each. The mother was excessively dependent upon the boy to fulfil her own narcissistic needs and to assuage feelings of guilt. The boy was bound to his mother by his pregenital needs, his fear of harming his mother by leaving her, and his guilt over gratification in being apart from her. The intensifications of id impulses during adolescence led again and again to infantile ties rather than to realization of the growing wish for freedom. These fixations became quite clear in the patients' transference reactions. Such ties between mother and child have serious pathological consequences; it is important to recognize and treat them early.

The Psychological Significance of the Omen by Which Dreams Were Interpreted. Gerald H. Pearson. Pp. 130-135.

Pearson examines fourteen dreams from ancient peoples of the Old Babylonian period along with the omens they were supposed to signify. If speculations are made about the possible unconscious wishes represented according to psychoanalytic experience there is a strong suggestion that the persons who made the omens had some understanding of the unconscious wishes of the dreamer.

The Driver's Test as a Modern Puberty Rite. Norman D. Weiner. Pp. 136-141.

A patient confronted with examination for a driver's license reacted with paralyzing and self-defeating anxiety reactions. Symptomatic acts such as cutting his finger appeared in his behavior. During this period associations brought up various œdipal difficulties and castration fears evoked by the examining officer. The patient reflected that all of this had something to do with becoming a man.

Weiner points out that the patient was reacting to the examination as if it were a puberty rite with ritualistic physical and psychological ordeals leading to a sort of rebirth with social rewards and privileges upon satisfactory completion. Working through some of the aggressive and homosexual conflicts which had become focused on the examination made it possible for the patient to view it more realistically and enabled him to pass without further difficulty.

Intellectualization and Intellectual Defenses. Morris D. Galinsky and Maurie D. Pressman. Pp. 153-172.

Intellectualization is defined as the development and use of insights for self-deception rather than for tolerating and understanding affect. A concept of 'affect-thought ratio' is developed. Intellectualization does violence to this ratio as a defense against affect and passivity, especially in the transference reaction. It prevents 'true' insight in that it prevents optimal fusions of understanding and feeling. Intellectualization per se is not an indication of ego strength or weakness, although there are differences in the manner in which the weak and strong ego will use it as a defense. The whole subject of intellectualization and intellectual resistance is held to be important, too little studied, and in need of further study.

Some Observations on a Mild Sleep Disturbance in a Three-Month-Old Girl. Gerald H. J. Pearson. Pp. 173-181.

A three-month-old girl had a mild sleep disturbance consisting of an unwillingness to go to sleep coupled with a startlelike jerk into wakefulness as her muscular system became relaxed when she fell asleep. Pearson considers that both of these disturbances arose from the same cause: it seemed most likely that the little girl dreaded the loss of a new ego pleasure in muscular activity and the emerging ability of her ego to direct her actions for this pleasure in movement. This dread could be the same as that suffered at the beginning of psychosis, in the change of a psychotic state, and sometimes in adolescence—a dread of the dissolution of the ego.

On Negativism and the Character Trait of Obstinacy. Alexander Carons. Pp. 182-197.

A severe obsessive-compulsive neurotic patient illustrated in analysis some of the meanings of obstinacy, a character trait which expressed itself in treatment as well as in every other area. The obstinacy was a general defensive reaction against passive submissive tendencies and also an unconscious expression of hostile aggression. The patient periodically indulged in limited homosexual activity. This was seen as an act of submission; the obstinacy was an undoing of this anxiety-provoking act. With the analyst, the patient was compliant and deferential but also revealed aggression and hostility by a quiet argumentativeness along with passive defiance in remaining impervious to interpretations. The pathologic character attitude of obstinacy is an order of defense against being subjugated to the will of others. It is the outcome of a defense which has engulfed the ego. The development of the defense into a character trait is indicative

of the instinctual danger that has to be warded off. In the obsessive-compulsive neurotic this danger is centered around the struggle between the partial instincts of activity and passivity, with attendant sadistic or masochistic significance.

EDWIN F. ALSTON

Bulletin of the Philadelphia Association for Psychoanalysis. XIV, 1964.

Luck: Bad and Good. Sandor S. Feldman. Pp. 1-12.

There are people who regularly complain of being unlucky; more rare are the individuals who assert that they are lucky. This conviction about good luck and bad luck occurs in people who are not otherwise superstitious. Feldman concludes that this belief in luck, good or bad, is a compromise achieved by the ego in its attempt to reconcile demands from the id for gratification of aggressive and sexual drives opposed by prohibitions and restrictions from the superego. The chronic complainer in effect is denying the excessive infantile demands he makes upon the world.

The Original Persecutor—A Case Study. Jack Greenspan. Pp. 13-28.

Greenspan presents an analysis of letters written by a woman patient to a hospital where she was confined from 1917 to 1920. The letters cover a span of forty-two years. During all of this time the patient suffered from paranoid delusions that she was a victim of persecution by a 'community movement'. The content of these letters offers clear support for Freud's hypothesis that in paranoia the original persecutor is a person of the same sex toward whom the patient has had a strong sexual attraction. In the present case the letters clearly depict the patient's original attachment to her mother, defended against by ideas of persecution which in turn were extended onto others by virtue of their relationship to the mother.

Some Psychological Implications of Comic Strips. Stanley H. Cath and Bruce Fischberg. Pp. 29-36.

The authors analyze a number of popular comic strips. They postulate that the comic strip is one of the means by which man is able to work over many of his anxiety-producing problems at a distance, so to speak. The net effect is reduction of over-all tension.

Language and Its Pre-Stages. Lili E. Peller. Pp. 55-76.

For human beings the world is conceptually organized, principally by language, their most important tool for dealing with life. Observations on the development of language reveal that it is a far more complicated process than formerly supposed. It is no longer so tenable that the acquisition of language arises solely from the human being's powerful instinct to imitate. Among the important factors in language development which are discussed are prolonged dependency, playful contact with objects available to senses and motor apparatus, narcissistic pleasure in self-created stimuli, awareness of the similarity between the self and others, pleasure from vocal functioning, and the greater importance of the distance receptors for the human infant.

Memoirs, 1905-1908. By the Wolf-man. Translated by Felix Augenfeld and Muriel M. Gardiner. Pp. 80-103.

These memoirs, with an introduction by Muriel M. Gardiner, begin with an account of the suicide of the Wolf-man's sister. The Wolf-man continues with a description of his profound depressive reaction accompanied by suicidal thoughts and paralyzing indecision about his career and studies. During the latter part of this period the Wolf-man had a first experience with psychotherapy, supposedly hypnosis. This failed and a decision was made that he should go to Munich to see Kraepelin for examination and advice. The section closes with a description of what turned out to be a last farewell to his father.

EDWIN F. ALSTON

Journal of Nervous and Mental Disease. CXXXVII, 1963.

Parental Loss by Death in Childhood as An Etiological Factor Among Schizophrenic and Alcoholic Patients Compared with a Non-Patient Community Sample. Josephine R. Hilgard and Martha F. Newman. Pp. 14-28.

With a sample of a large number of schizophrenic and alcoholic patients and an appropriate control group, the writers correlate admission to the hospital and parental death in childhood, most frequently found in schizophrenics admitted to the hospital between the ages of twenty and forty. The older schizophrenics and alcoholics did not differ significantly from the control group. The hypothesis is advanced that role transition from immaturity to adult responsibility is more difficult when there is a death causing a traumatic deficit in parental protection during childhood.

A Psychotic Family: Folie à Douze. Herbert Waltzer. Pp. 67-75.

A family is presented in which both parents and all ten children possessed the same persecutory delusions. The etiological importance of noxious environmental stimuli is stressed. A developmental scheme for *folie à deux* is suggested: a phase of sensory isolation and ideational deprivation which is disorganizing and regressive, followed by a phase of identification with the aggressor (the psychotic parent), and a re-indoctrination period when delusional ideas are incorporated. The author feels that the process is similar to that which occurs in brainwashing, hypnosis, and psychotherapy.

Conformity and Achievement in Remitted Manic-Depressive Patients. Charles D. Spielberger, Joseph B. Parker, and Joseph Becker. Pp. 162-172.

The authors attempt to test the hypothesis that persons who develop manic-depressive reactions in adulthood experienced excessive parental expectations for conformity and achievement as children, to which they reacted by adopting the prevailing values of their parents and other authority figures in order to placate and win needed approval from them. The study investigates the extent to which chronic dependence on others for guidance and approval was manifested in the opinions, attitudes, and social convictions of manic-depressives. A group of manic-depressives and controls were tested with four psychological scales. Remitted manic-depressive patients varied significantly from the control group, which sup-

ports the authors' hypothesis that the adult personality structure of manic-depressives is characterized by conventional authoritarian attitudes, traditional opinions, and stereotyped achievement values, but not by internalized achievement motives.

A Questionnaire Study of Psychoanalytic Practices and Opinions. Thomas S. Szasz and Robert A. Nemiroff. Pp. 209-221.

The members of the American Psychoanalytic Association 1958-59 roster were sent questionnaires about practices and opinions. Four hundred and thirty members (or fifty-six per cent of the membership) returned the questionnaire. Of interest to the authors was the unexpected frequency with which analysts engaged in 'various medical practices', such as physical examinations, laboratory examinations, prescription of drugs, prescription of shock treatment, and signing of commitment papers. Also of note was the fact that few analysts excluded third parties completely from their relationship with the patient. Other interesting facts elicited were that sixty-eight per cent of the analysts stated that they belong to no organized religious group, fifty-two per cent approved of lay analysis, seventy-one per cent approved of training analysts communicating with the officers of the institute about their candidates, and about fifty per cent believed that legal prohibition of abortion is socially desirable.

From the study the authors feel that analysts are not so purely analytic and psychological as had been suspected but that various medical, directive, and organic practices have crept in, blurring the distinctions between psychoanalysis and psychiatry. One criticism of the study mentioned by the authors is the failure to distinguish between what the analyst does with analytic patients and with non-analytic ones. A second criticism might have to do with the missing forty-four per cent of the sample whose opinions and practices may for various reasons differ from their brethren who answered the questionnaire.

Body Experiences of Schizophrenic, Neurotic, and Normal Women. Seymour Fisher and Richard Seidner. Pp. 252-257.

An attempt was made, chiefly by projective tests and questionnaires, to find whether there are body image experiences which distinguish psychiatric patients from normal persons, and to determine if neurotic and schizophrenic patients differ in their body perceptions. Areas of concern included general body interest, over-all size, size of parts, depersonalizations, boundary, and references to feeling dirty. The psychiatric patients reported a greater number of body distortions than normal women. Efforts to distinguish neurotics from schizophrenics were not successful. Psychiatric patients tended to have experienced sensations of diminished body size more frequently than normal subjects—the only relatively unique kind of distortion.

Psychodynamic Approaches to Childhood Schizophrenia: A Review. A. J. Gianascol. Pp. 336-348.

The author reviews the literature on childhood schizophrenia and then gives some observations from the experience at the Langley Porter Neuropsychiatric

Institute with two hundred and three schizophrenic children. The parents of one hundred thirty-nine children undertook collaborative therapy, the majority for periods ranging up to four years. Of note was the substantiation of Kanner's description of the parents of autistic children as being 'successfully autistic adults'. The disorder of the psychotic child is seen as representing both identification with and futile rebellion against the disorder of each parent.

Transference Revisited. Donald D. Jackson and Jay Haley. Pp. 363-371.

The authors feel that the definition of transference as a projection of the patient's infantile feelings, thoughts, and wishes onto the analyst is inadequate because it does not take into consideration the interpersonal framework, patient and analyst, in the analytic situation. They argue that what seems infantile in the patient is really quite appropriate when one considers the unusualness of the analytic situation—free association, time, money, recumbency of patient, unresponsiveness of analyst. They feel that the patient's adjustment to this awkward situation, rather than interpretation of the transference per se, is what is responsible for change in the patient. Self-understanding may be an accompanying, but not necessarily crucial, factor. They conclude that it is the context in which understanding takes place, rather than understanding itself, that leads to improvement in the patient.

BENNETT F. MARKEL

Journal of Nervous and Mental Disease. CXXXVIII, 1964.

Multiple Determinants of Suicidal Efforts. Lawrence S. Kubie. Pp. 3-8.

In an editorial Kubie reviews some of the complexities and difficulties in formulating ideas about the problem of suicide. He enumerates a number of variables, different types of fantasies, and diverse psychopathological states which may, under a variety of circumstances, lead to a single end, suicide. He urges that we not be misled by the common denominator of death to forget the multivalent objectives of suicidal behavior. Numerous questions are raised: where therapy fits in as a preventative, and occasionally as a provocative, factor; how can hospitalization be best utilized; where do drugs fit in; what are the warning signals and what do they mean? He concludes that further investigation is needed and indicates several lines of research.

Abolish the Insanity Defense—Why Not? Jay Katz and Joseph Goldstein. Pp. 57-69.

The authors in a closely reasoned and convincing way argue that the insanity defense should be abolished. They offer other solutions that would both protect the community and be humane. They attribute the present cloudy state of affairs to the ambivalence surrounding the 'sick . . . criminal which is reflected in conflicting wishes to exculpate and to blame; to sanction and not to sanction; to degrade and to elevate; to stigmatize and not to stigmatize; to care and to reject; to treat and to mistreat; to protect and to destroy'. They conclude that the abolition of the insanity defense would do away with the knotty problem of determin-

ing who is responsible and who is not. Other problems such as the restraint of persons who might harm the community and the care and treatment of the mentally disturbed then can be confronted as issues in their own right.

Birth Order and Schizophrenia. Sharadamba Rao. Pp. 87-89.

A statistical study of over two thousand schizophrenic patients hospitalized in India, aged fifteen to forty-five, seventy-five per cent males, revealed the predominance of psychotic disorders in the first or second born. The author speculates that the first or second born may be under greater stress as the carrier of the burden of family tradition.

Dogmatism and the Medical Profession. Eric H. Marcus. Pp. 114-118.

A 'dogmatism scale' designed to test the individual's private network of political, religious, philosophical, and scientific beliefs was administered to various medical groups, to determine the flexibility of one's belief systems. The level of dogmatism was found to decrease during college and medical school. Psychiatric residents, the least dogmatic of all groups tested, showed relatively less dogmatism than their medical and surgical counterparts. Board qualified specialists—surgeons, internists, psychiatrists, psychoanalysts, scientists in industry, industrial department heads—all rated about the same.

Environmental Stimulus Reduction As a Technique to Effect the Reactivation of Crucial Repressed Memories. Anthony Suraci. Pp. 172-180.

The author subjected himself to seven weeks of 'environmental stimulus reduction'—isolation, asceticism, and relative sensory deprivation. After passing through a hallucinatory phase, he proceeded to what he calls 'a new condition during which repressed memories were recalled and relived . . . eight hundred pages of crucial repressed memories and other events, the existence of which I had never up to that time suspected'. After the experiment there was a residual effect of reorientation as far as sense of identity, sense of reality, motivation were concerned. There is a religious conversion aspect about the whole experience which arouses suspicion, but the relationship between sensory deprivation and the return of repressed memories is of interest, particularly as it might relate to sleep and dreams.

The Bearing of Psychoanalytic Theory on Selected Issues in Research on Marginal Stimuli. Fred Pine. Pp. 205-222.

This article deals with work on marginal stimuli (subliminal, incidental, or partially seen) as a means of experimentally studying thought processes outside awareness. There are a number of ways of introducing marginal stimuli—brief, dim, obscured, incidental to other activity—which are reviewed. The connecting links between these stimuli and their effects on the one hand and psychoanalytic theory on the other is developed. The day residues in dreams provide a useful parallel. Those stimuli that are retained are felt to make some contact with drive activity, in the way that dream activity is organized around drives. However, in addition to the importance of primary process to explain the phenomena involved, the author cites the importance of the subjects' expectations, thinking

processes, and response modes. The article is an excellent review of the experimental work and discussion of the theoretical considerations.

A Second Look at Sensory Deprivation. Eugene Ziskind. Pp. 223-232.

The author feels that the failure of extensive experimentation in the field of sensory deprivation to provide more conclusive answers lies in the inadequate recognition of the complexity of the variables that enter into the situation of sensory restriction. The article attempts to classify some of these variables and assess their importance—factors such as the extent of deprivation, the sense organ deprived (visual, auditory, tactile), duration, and interpersonal isolation. The problem of evaluating the output and the behavioral signs that emerge from sensory deprivation is discussed.

Ego Disturbance in TAT Stories as a Function of Aggression-Arousing Stimulus Properties. Lloyd H. Silverman. Pp. 248-254.

TAT cards, varying in degree of aggressive 'pull', were given to a group of twenty adolescent schizophrenics and twenty neurotics and personality disorders. The stories that the patients developed around the aggression-arousing cards contained more manifestations of ego disturbance than stories told about cards judged low in aggressive 'pull'. Criteria of ego disturbance came from a long list including peculiar verbalization, slip of the tongue, confusion, incoherence, self-reference, and perception distortions. The study was felt to bear out Hartmann's assumption that schizophrenia is a consequence of failure of sufficient neutralization of aggressive drive energy. As a corollary, after the schizophrenic illness has developed, the degree of ego disturbance manifested will increase when the individual is confronted with stimuli possessing aggression-arousing properties. These findings were felt to apply to certain nonschizophrenics also.

BENNETT F. MARKEL

American Journal of Psychiatry. CXX, 1964.

C. G. Jung's Contributions to Psychoanalysis. Sheldon T. Selesnick. Pp. 350-356.

The contributions of Jung to classical psychoanalytic theory are enumerated and described, the author pointing to the cross-fertilization of ideas between Jung and Freud. Jung's association experiments were felt to support the cornerstone of psychoanalysis: his most important contribution the pointing out to Freud the latter's failure to separate sharply neurotic and psychotic phenomona in the Schreber case, which ostensibly led Freud to revise his libido theory.

The Dynamics of Psychiatry in the Light of Learning Theory. Franz Alexander. Pp. 441-449.

In this, one of the last papers published before his death, Franz Alexander traced the evolution of some of his contributions to psychoanalytic thought. He stated his conviction that the therapeutic process could best be understood in terms of learning theory, and this paper represents an attempt to view the process of psychoanalytic therapy and the problem of 'emotional insight' in these terms.

He concluded that 'at present, we are witnessing the beginnings of a most promising integration of psychoanalytic theory with learning theory, which may lead to unpredictable advances in the theory and practice of the psychotherapies'.

LAURENCE LOEB

Archives of General Psychiatry. X, 1964.

Olfactory-Gustatory Mentation. A. D. Jonas. Pp. 36-42.

An attempt is made to explain the mode of thinking of certain schizoid persons in terms of the thought processes operative during early feeding experiences. The patients tended to be narcissistic and extremely demanding. All had frustrations in early feeding experiences that were characterized by confusing changes in feeders and feeding technique that strained the growing adaptive capacity of the child. This produced mental functioning characterized by digital computer-like classifying of perceptual data with resulting faulty logic and a breakdown in learning and communication.

Security as a Motivation of Human Behavior. Jack C. Borel. Pp. 105-108.

Borel conceptualizes human motivation as the individual's striving toward control of cause and effect in his environment, to overcome the reality of infantile helplessness in regard to his parents. This striving is called security seeking. Unless parents are secure enough to allow a child to develop his own independent actions within his capabilities, he will be forced to go through life behaving in ways to please others, with resultant anger and ambivalence toward love objects. Thus the person will obtain only the illusion of controlling his environment. In the broad sense the author attempts to fit all behavior into this mold.

Visual Imagery and Preconscious Thought Processes. Harvey H. Corman, Sibylle K. Escalona, and Morton F. Reiser. Pp. 160-172.

Using tachistoscopic presentation of subliminal stimuli, the authors begin a sophisticated investigation of issues in psychoanalytic ego psychology, especially perception, image formation, ego function, preconscious processes, and the continuum of primary process-secondary process thinking. Major determinants include ego state, the experimental situation, especially the experimenter, and incidental stimuli, all of which can be studied with their technique.

Reminiscing. Arthur W. McMahon and Paul J. Rhudick. Pp. 292-298.

Our attention is called to the tendency of elderly persons to reminisce, not related per se to intelligence or intellectual deterioration. Reminiscing is seen as performing an adaptive ego function which enables the elderly individual to maintain self-esteem, reaffirm a sense of identity, re-establish continuity with the past, and perform the work of mourning in regard to lost love objects. In addition calling upon the wisdom of the past offers at least the illusion of contributing to solutions of present problems.

KENNETH RUBIN

British Journal of Medical Psychology. XXXVII, 1964.

A Note on the Origin of Male Homosexuality. W. R. D. Fairbairn. Pp. 31-32.

Through the analysis of a patient with strong homosexual tendencies, the author illustrates Freud's thesis that the substitution of the penis for the breast provides the essential basis of male homosexuality. Weaning therefore equals castration and the castrator is the mother rather than the father. The penis then becomes the sexual object in preference to the vagina.

Percival Lowell and the Canals of Mars. Charles K. Hofling. Pp. 33-42.

This paper considers the case of a famous and dedicated investigator whose report on Mars seized the imagination of masses of intelligent laymen and resulted in a major scientific controversy. Lowell, who was a distinguished modern astronomer, devoted a great part of his life to the scientific investigation of the various surface features of Mars. Hofling's study is based on Lowell's writings and biographical data. The perception of the canals may be categorized as illusory, and his conviction of their presence contrary to fact is described as an *idée fixe*. The heavy influence of unconscious forces taking the final form of incompletely sublimated voyeuristic impulses resulting from unresolved œdipal conflicts are given as the explanatory conclusions by the author.

HERMAN HIRSH

Revista de Psicoanalisis. XX, 1963.

Two Types of Guilt: Their Relation to Pathological and Normal Aspects of Mourning. Leon Grinberg. Pp. 319-330.

The pathologic form of guilt is seen in melancholia; the severe superego implies that the destructive impulse appears as 'a pure culture of the death instinct'. This type of guilt is always accompanied by resentment, desperation, fears, psychic pain, and self-reproaches. The other and more normal type of guilt is predominantly manifested by sadness, nostalgic feelings, feeling of responsibility, and a preoccupation with the ego and the love object in an attempt to preserve both. The author describes 'micro-depression', or 'micro-mourning', as an ego state characterized by feeling tones such as irritability, apathy, tiredness, and boredom, and not as a clinical depression. These micro-reactions are provoked by daily living when, for instance, a goal cannot be achieved, a dream cannot be remembered, a haunting memory occurs, or one changes one's place of living, as well as when there is any fleeting threat to one's identity.

Psychological Difficulties Encountered in the Beginning Analyst. Marie Langer. Pp. 333-345.

A well-rounded exposition of the specific anxieties of a candidate is presented. These indicate the confusion caused by the double role of analyzing while being analyzed. The candidate is a rival with his own patients; he envies the patient if he improves; some patients are experienced as younger siblings. The danger of the candidate's incomplete analysis is discussed.

Kafka's Metamorphosis. A Clinical and Applied Psychoanalytic Study. Gilberte Royer. Pp. 346-358.

Infantile stories, fables, fairy tales, and such characters as Mickey Mouse and Donald Duck reveal how easily an animal becomes a hero. In the metamorphosis the switch between animal-man produces a sinister element, an undefinable, severely unpleasant feeling. The sinister elements related to the repression of the castration complex, the familiar which has been handled (animism), the perception of the 'double', the need to repeat in a compulsive way, and the infantile fears about loneliness and darkness are all condensed in Kafka's stories. It is postulated that as a defense the ego which feels impotent in the presence of a magic, primitive, chaotic, and terrifying world has the need to repeat the infantile situation. The defense, mind and body, is a specific dissociation, defending against a total dissolution by creating the shell of a body and also protecting the body against all these terrifying unconscious fantasies. In the story, by the return of the repressed, the author managed to gratify the fantasy and at the same time had no need to abandon the defense mechanism.

Introduction to the Study of Genetics and the Sense of Omnipotence. Alberto J. Campo. Pp. 359-376.

Methodically, omnipotence is described from the point of view of its genetic, economic, dynamic, and structural aspects; feelings of omnipotence and omnipotence of ideas; its relationship to the reality principle, mechanisms of defense, and finally the resolution of the feelings of omnipotence. A theoretical construction, this paper attempts to systematize concepts which appear to be contradictory in relation to omnipotence.

GABRIEL DE LA VEGA

NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

May 19, 1964. THE PROBLEM OF DEATH IN FREUD'S WRITINGS AND LIFE (Fourteenth Freud Anniversary Lecture). Max Schur, M.D.

The author, who was Freud's personal physician during the last ten and a half years of his life, uses Freud's writings, some unpublished correspondence, and personal observations to develop his thoughts about Freud's attitude toward death, including his own, as a biological, psychological, and clinical problem.

In The Interpretation of Dreams and the Fliess letters, Freud reveals his early encounters with death and the reconstruction in his self-analysis of the death of his younger brother, so crucially important for his later relationships. During this period he suffered from neurotic fears of dying, travel phobias, and cardiac symptoms accompanied by dread of death. He was obsessively preoccupied with the superstition that he might die at certain ages: forty-two, sixty-two, and in his eighty-second year. Self-analysis enabled him to subject the problems of death to psychoanalytic inquiry and many of his neurotic symptoms yielded to this supreme feat. In later years his correspondence reveals a dislike of aging rather than fear of dying, especially a repugnance for decline of creative activity.

Freud first discusses death as an analytic problem in The Interpretation of Dreams, and later as a theme dealt with by writers and poets. In the Gradiva paper he expressed his fascination with the artist's ability to fathom the working and language of the unconscious and to deal with death and immortality. In The Theme of the Three Caskets he first indicated that death may be the object of an unconscious wish. He was then preoccupied with the preparation of Totem and Taboo, where his discussion of animism is based partly on assumptions about the impact of death on primitive man, and where he links developmental change from the primal horde to modern civilization with man's attitude toward death.

The impact of World War I made death seem real and shattered many illusions. In Timely Thoughts on War and Death, Freud subjected illusions about death to analytic appraisal and concluded that in the unconscious everyone is convinced of his own immortality. His creative outpouring during the war years, which included papers on metapsychology, Mourning and Melancholia, and the Introductory Lectures, indicates that he did not succumb to unproductive pessimism, and his relative state of serenity may be noted in the paper, On Transience, where he disputes the pessimistic view that the transient nature of beauty involves any loss in its worth. Freud's unceasing battle since the beginning of his self-analysis to establish and reaffirm the supremacy of the ego and the intellect without the help of any illusions now had to face the problems of aging, personal tragedy, what looked like the complete breakdown of Western civilization, and eventual pain and misery. Although he may be regarded as the incarnation of strength, wisdom, and courage, he was also intensely human, and several letters written toward the end of the war revealed some of his doubts, fears, and superstitions. In 1918 he passed the age of sixty-two, one of his superstitious

deadlines, and in 1919 began work on Beyond the Pleasure Principle. It seems likely to Dr. Schur that this essay had multiple determinants in Freud's inner life. There had been an early assumption that it was a response to the death of his daughter, Sophie, but it was actually half finished when she was still alive. However, the war had stimulated recognition of the importance of aggression in mental life, and his self-analysis had revealed the strictness of his own superego and the preoccupation with death as manifestations of aggression turned against himself. The scientific contributions of this work were of significance to the further development of psychoanalysis and led to the widening of the libido theory, to the dual instinct theory, to new and better understanding of ambivalence, and to the concept of fusion and defusion of instincts. Otherwise it seems also to have fulfilled an important function in Freud's inner struggle with the problem of death. The uncovering of an instinctual drive may have been determined by the need to treat death scientifically in order to accept it without fear and to reaffirm its accessibility to ego control.

Further mild hypochondriacal preoccupations were revealed in 1921 when he wrote to Ferenczi that he had the impression that seven of his internal organs were fighting for the honor of bringing his life to an end. Dr. Schur points out that this was probably an ironic paraphrasing of the Greek pentameter, translated as 'Seven cities are competing for the honor of being the birthplace of Homer'. Freud then wrote that he viewed this hypochondria coolly; he permits himself to complain and to engage in a short daydream, and then responds to the call of reality and duty. The year 1923 was a fateful one when Freud became aware of a lesion in his mouth and visited a dermatologist who probably recognized the nature of the lesion and advised excision. The decision to withhold the truth from Freud and tell him it was leukoplakia due to excessive smoking was explained by Felix Deutsch on the basis that Freud was not sufficiently prepared to face the reality. Deutsch apparently concluded that Freud was contemplating suicide because he asked for help if doomed to die in great suffering and spoke of his mother finding the news of his death hard to bear. Schur feels this conclusion unfounded and feels obliged to set the record straight. Freud never considered suicide and wanted to prolong life as far as possible.

Radical surgery was performed by Hans Pichler and followed by X-ray and radium treatment, which caused tissue damage and violent pain. Forced to use denial as a defense, since he was not told the truth, Freud must have resented it, but he showed exemplary loyalty and consideration toward his family and friends. The death of his grandson, Heinele, from tuberculous meningitis with the resultant grief and mourning, merged with the reaction to his own illness and led to a fatalistic attitude and some depression, but his resilience enabled him to overcome this crisis. Surgery performed at this time was successful and Freud did not die of a recurrence. However, repetitious formation of precancerous lesions required surgical intervention thirty times thereafter; only in 1936 was one of them again malignant. A satisfactory prosthesis proved impossible to construct so that eating and talking became a painful effort and radically altered his ability to savor life.

The members of Freud's family agree with the author that it is permissible at this time to scrutinize some areas of Freud's life which may throw some light

on the adaptive mechanisms operating in the development of his attitude toward death. In his daily life he retained the utmost self-control, and his dignity and serenity had an impact on everyone. Letters to friends, however, indicated how hard his suffering was to bear; in a letter to Lou Andreas-Salomé on May 10, 1925, he spoke of his 'crust of indifference' and the gradual transition from life to death. Motivation for living in order to work and to further the cause of psychoanalysis resulted in highly productive years. 1923-1925 saw the publication of The Ego and the Id, The Economic Problem of Masochism, and Inhibitions, Symptoms and Anxiety.

Freud turned seventy in 1926 and now passed into the patriarchal age; in a celebration speech he admonished his 'sons' to be on their own. During this period, while his daily life was dominated by misery with his prosthesis, he started to write The Future of an Illusion, a return to his earlier interest in cultural problems. In this work, presenting his thesis in the form of a dialogue with an imaginary adversary (probably Pfister), he ends on a note of triumph, convinced that the primacy of the intellect will prevail. A letdown in productivity ensued, and in 1928 he went to Berlin, returning relieved but exhausted after the construction of a new prosthesis by the oral surgeon, Schroeder.

The author became Freud's personal physician in 1928, at the suggestion of Marie Bonaparte, and he describes their unforgettable first meeting when conditions for their patient-doctor relationship based on mutual respect, confidence, and scrupulous honesty were established. Dr. Schur's function was to watch over his patient's general condition, try to relieve pain and suffering, and to detect any new lesion at the earliest possible moment. Except for his refusal to give up smoking, Freud was a model patient; over the years a nonverbal communication developed between patient and doctor which proved meaningful to both.

The two main factors in Freud's life during this period were his illness and the sweep of historical events. Between 1930 and 1932 several surgical interventions were necessary for new leukoplakias. The summer of 1930 brought the award of the Goethe prize and the death of Freud's mother at ninety-five. This event liberated him from the dread thought that she might be alive to learn of his death. His seventy-fifth birthday passed without celebration and he wrote to Stefan Zweig of his loss of energy and enjoyment, and of taking a huge step out of the circle of life. Work however continued; he wrote Civilization and Its Discontents, which was his most succinct presentation of the intricate relationship between the destructive instinctual drive, the superego, character, and symptom-formation, and its application to education and history. The relative pessimism of this work was perhaps determined by the bleakness of the Western world, his suffering, and the rise of Nazism. The first stirrings of the Moses project might be gleaned from a letter to Zweig where his range of interest is revealed in his feelings regarding Palestine. He also began to write the New Introductory Lectures with great lucidity and mastery of style. Renewed enthusiasm for Logos may be seen in the statement about the draining of the Zuider Zee, which is an allusion to Faust's final vision of having reclaimed land from the destructive forces of the ocean. The final chapter about a *Weltanschauung* was perhaps to tell others that a voice still existed that could speak for reason.

March 1933 brought Hitler to power; Freud's sons left Germany with their

families and all Jewish analysts had to flee. The impact in Austria was overwhelming, but paradoxically Freud who had uncovered the whole force of the aggressive drive was unable to believe it could be unleashed in an entire nation. Five days after his seventy-seventh birthday the great bonfire in Berlin took place with the burning of Freud's works. In September of that year he went into a mild shock which looked like a coronary insufficiency after a minor electrocoagulation procedure. In February 1934 a modified Fascist regime took power in Austria following the civil war. Freud was urged to leave and he even conceded that possibility in a letter to Arnold Zweig. Preoccupation with Moses and Monotheism indicated an upsurge of creativity and helped him to endure his physical suffering and the deterioration of the political situation.

The main event at Freud's eightieth birthday celebration was an address delivered by Thomas Mann. Freud could not be present but Mann read it to him personally and Freud was profoundly moved, since it was vindication for him of the calumny and misrepresentation he had endured. In July 1936 a new lesion was removed and reported to be malignant. Keeping his promise, Dr. Schur told Freud the truth and it was received with composure. When the end of Austria seemed near, Freud considered leaving but the Germans marched in March 11th and it was then too late. Freud's home was ransacked and searched by Gestapo agents and his daughter, Anna, was summoned to Gestapo headquarters. When the situation had seemed hopeless, Anna had asked her father if suicide was not perhaps desirable. His emphatically negative answer was not that of a man who might have considered it in 1923 when told he had cancer, and indicated a wish still to live.

Permission to leave Vienna was finally granted. Freud left on June 4th without his physician, who was recuperating from acute appendicitis, stayed with Marie Bonaparte, and then emigrated to England. His furniture, library, and collection arrived and they were arranged in a study at 20 Maresfield Gardens as they had been in Vienna, a large comfortable room in which Freud eventually died. A new lesion appeared in September 1938 and Pichler agreed to come to London to operate. During recovery from his surgery a malignant epithelioma appeared which was inoperable and X-ray therapy was started.

At this time Dr. Schur, who had planned eventually to emigrate to the United States, was faced with a painful decision when he was granted his last visa extension. Although aware that Freud felt that he was being abandoned, it was necessary to go quickly to America and return after taking out first citizenship papers. Dr. Schur returned to find Freud looking much worse, and the situation went rapidly downhill. Freud grew weaker and stopped seeing patients. He read the papers and knew the war had started but his detachment grew more pronounced. On September 21st he indicated to his doctor that his suffering no longer made any sense and asked for sedation. Given morphine for his pain, he fell into a peaceful sleep and then lapsed into coma and died at three o'clock on the morning of September 23rd. The author concludes: 'Can we fail to feel admiration, love, and gratitude for Freud, for the way he died as well as for the way he lived?'

MILTON E. JUCOVY

June 9, 1964. INFANTILE TRAUMA. Phyllis Greenacre, M.D.

Dr. Greenacre's further studies of the nature, origin, and sequelae of pregenital disturbances reveal that there is a greater and more frequent incidence of disturbed conditions in the first one or two years of life in psychotic and severely neurotic patients, as compared to cases of anxiety hysteria and compulsion neurosis. In her papers on the predisposition to anxiety (1941), the author indicated that illness, injury, difficult birth process, and conditions in the mother that are passed on to the infant in his early dependent state may intensify narcissism, impair the developing sense of reality, and accentuate and prolong the tendency to primary identification. Clinically, frequency of compulsive masturbation and an unusual display of various habitual autoerotic responses during latency, as well as in the infantile period, were noted.

In contrast to those who define trauma as limited to sexual trauma, perhaps because of Freud's original belief that sexual trauma lay at the core of a neurosis, Greenacre widens her conception to include traumatic conditions which are unfavorable, noxious, or otherwise drastically injurious to the development of the young individual. She feels that in the precœdipal years and later there is a maturational pressure which will generally cause the child to reach out and utilize the slightest opportunities for experience. The child himself may act as the seducer and either get little response and suffer frustration, or attract a response which transcends his specific needs in content and intensity. While the fantasy that accompanies the experience is of primary importance, its later derivatives may be considerably influenced by whether the experience is active or passive, accidental or deliberate.

Dr. Greenacre discusses trauma under three general headings: 1, the significance of actual experience associated with fantasy; 2, the effect of early traumatic experience during the pregenital period; 3, the influence of severe trauma on the total homeostatic balance of the individual. In situations where overt traumatic experiences have been associated with an underlying fantasy, the residual memory trace is more intense and the tendency to fixation greater. The basic fantasy always represents an amalgam of the genetically determined instinct representation with whatever stimulation the environment offers in response. In cases of sexual experience with an adult, the factor of discrepancy in size alone may be important. Physical pain, shame, and humiliation may cause the experience to be deleted from memory, but leaves an especially sensitized pattern in its wake. A younger child in an experience with an older child or an adult may disclaim responsibility. Freud found that fantasies of seduction often hid the individual's masturbation fantasies. In cases of true accidents of fate the sequelae may be most severe. Thus illness or death of a parent or sibling may overfulfil the child's most powerful fantasies. Fantasies which are apparently confirmed in reality are likely to be repeated actively with the purpose of testing reality and need for mastery, or with a pressure for revenge.

In considering the role of trauma during the precœdipal years, it is emphasized that such events have first to be seen in relation to the first year or eighteen months of life. Any condition impairing the mother-infant relationship at this time interferes with the foundations of object relationship, increases and pro-

longs primary narcissism, and tends to damage the early ego, with special harm to the sense of reality and often to the beginning sense of identity. These disturbances could be the result of pathological conditions in the infant, such as severe sequelae of prematurity and congenital defects, or they may arise through maternal disturbance of any sort which alienates the mother from emotional and bodily contact with her baby in the first months of life.

There is a whole area of possible investigation involving the question of the degree of imprinting in the human infant during the first year to eighteen months when he is still so plastically receptive to exogenous stimulation. He is sometimes exposed to configurations of activities from the outside which may impress themselves on him in a sensory way, as they cannot be 'understood' in the sense of striking any responsive and familiar patterns within himself. Dr. Greenacre speculates whether very early exposure to the primal scene, or some other violent event, might result in such patterned discharge impulses in certain infants destined by other elements in their lives to become delinquents or criminals of the type where crimes, usually robbery or rape, are repeated in a regular, patterned way. Severe traumatic stimulations which are overwhelming tend to be disorganizing in their affect on the other activities of the individual. They may result either in states of aimless, frenzied overactivity culminating in tantrums or rage, or a shocklike, stunned reaction.

In a discussion of fetishism and imposture, the author states that disturbances of the mother-infant relationship were found in the first twelve to eighteen months. Prolongation and accentuation of primary identification and severe and early castration fears developed as a result of special experiences, such as exposure to bloody accidents or injuries. In the imposture poor relationships between the parents with mutual derogation is conspicuous. Fetishism and imposture are related conditions; in the former a supplementary phallus is assumed, and in the latter the accoutrements of a whole character are purloined in the interest of supporting the ego.

In discussing the influence of severe trauma on the total organizational (homeostatic) balance of the individual, Dr. Greenacre takes up the problem of primary masochism and repetition-compulsion, picking up Freud's discussion in Beyond the Pleasure Principle. She feels basically it is driven by endogenously generated pressures from a more archaic level of mental organization and with more primitive operational features than the libidinal phase—oral, anal, phallic, and genital—representatives. It is pre-ego in origin, involving a total organismic response; it cannot be considered as an ego function, though ego defenses may be discerned in its secondary involvements. Trauma of this nature exceeds the limits of the stimulus barrier. Freud considered the demonic force of repetition-compulsion regressive; Dr. Greenacre feels it gets its force partly from the forward thrust of deep but continuous maturational factors and is a biologically self-balancing effort.

An organism may respond to severe trauma with a shock reaction followed by inactivity or by a new balance, with some kind of habituation to the pain. Recovery in such states is only maintained at the expense of a particularly tenacious and primitive defensive denial and utilization of an increase in primitive narcissism, both of which have deep biological roots.

DISCUSSION: Dr. Robert C. Bak spoke of Dr. Greenacre's unceasing efforts to penetrate developmental factors and actual occurrences during the crucial, partly preverbal phase of development that disorganize maturational sequences. He emphasized how Dr. Greenacre maintained continuous harmony between clinical data and conceptual generalizations and differentiated the underlying dynamics in various clinical phenomena. He added that traumatic stimulation detrimental to steady body-image formation may not appear to be dramatic. Prolonged overexposure to the maternal body, or to that of both parents, both for touch and vision, may promote in the boy a sense of weakness, smallness, and fragility of the body image, induce extreme separation anxiety and merging with the maternal body, and delay self-object differentiation. He traced the prephallic phase of fetishism, transvestitism, homosexuality, the impostor and perhaps the swindler, in which the above traumas play an important role, and stressed Dr. Greenacre's contribution to clarifying the precedipal history of these perversions. Dr. Bak also hoped that specific differences will become discernible in relation to drug addiction, creativity, and compulsive activities that are suspected of being displacements or other vicissitudes of fetishism. As a result of traumatic conditions in the first eighteen months of life, we have to consider the excitation of undifferentiated libido and aggression. Overstimulation of the undifferentiated drives leads to damage in ego development, which in turn may be responsible for both lack of control over the drives and their inadequate differentiation. Beyond the first eighteen months of life, overstimulation leads to increased frustration and excessive rage that cannot be discharged.

Dr. Albert J. Solnit defined traumas as conceptualized by Freud, and stressed consideration of the stimulus or challenge, the individual's tolerance or intolerance of the challenging stimuli, and the setting in which the interaction of challenge and tolerance occurs. Dr. Solnit gave a clinical example from the Yale Longitudinal Study of a childhood trauma in which a three-and-a-half-year-old girl was violently threatened by abandonment in a deserted marshland by her mother. In treatment sessions following the acute trauma, the child began to play out and talk about being left alone when the mother had gone to the hospital eight months earlier to give birth to her sister. This was used by the child to screen in an ameliorative way the traumatizing impact of feeling abandoned in the wasteland. Using the clinical example, Solnit attempted to define the concept of infantile trauma and its limitations.

HILDA SHANZER

MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

February 17, 1964. A FURTHER CONTRIBUTION TO THE PSYCHOANALYTIC STUDY OF MIGRAINE AND PSYCHOGENIC HEADACHES: THE RELATION OF MIGRAINE TO DEPRESSION, STATES OF WITHDRAWAL, PETIT MAL, AND EPILEPSY. Melitta Sperling, M.D.

This study is a continuation of Dr. Sperling's previous work, reported in 1952. She then described patients suffering from migraine as predominantly orally fixated individuals with very low frustration tolerance. Libidinal development

was incomplete and object relations showed marked ambivalence and sadomasochistic attitudes. The basic denominator was a pregenital character structure. Further, Dr. Sperling noted that the psychosomatic patient, like the neurotic, represses his dangerous impulses and internalizes his conflicts; thus he is not in conflict with his real objects, environment, or society, but discharges the repressed impulses in his somatic symptoms which represent the expression and fulfilment of specific fantasies and impulses of a pregenital nature. The specific dynamics of migraine headaches were described as unconscious fantasies and impulses to kill the frustrating object by an attack upon the head. These patients had sought treatment not because of headaches but because of depression.

The present study describes further work with migraine patients and provides additional material on the relations between migraine and depression on the one hand and between migraine and states of withdrawal, petit mal, and epilepsy on the other.

Dr. Sperling relates the phenomenon of alternating symptoms of depression and migraine to sudden changes in object relationships. In the psychosomatic patient there is an increase in object cathexis in the situation of loss or threatened loss of object. In the case of depression there is a decrease in object cathexis and withdrawal from the external object. Narcissistic injuries, real or imagined, bring about these fluctuations in object cathexis. In discussing the relation of migraine headaches to states of withdrawal, petit mal, and epilepsy, she notes that patients suffering from migraine also have a tendency to withdraw from reality. In one patient the author was struck with the similarity of his fantasies to those of patients with epilepsy and petit mal; further, both conditions can be triggered by specific stimuli. When there is a transition from petit mal and epilepsy to headaches, it is considered to be an indication of progress in the treatment and represents a different mode of dealing with the same conflicts and impulses. Thus, these conditions are not similar because they are based on common inherited somatic constitutions but rather on a specific and early acquired attitude of the patient toward dealing with overwhelmingly strong destructive impulses. Finally, environmental factors, in particular the interrelated dynamics of the maternal (parental) attitudes and the child's responses, are of great importance.

Dr. Sperling differentiates psychogenic headaches and migraine headaches. The former, she notes, represent conflicts belonging to the œdipal and phallic phases with castration anxiety the main dynamic force; the latter, as noted previously, represent pregenital conflicts. Migraine is far more frequent than previously supposed and is not restricted to intellectuals. The author reported that twenty-three patients (fourteen adults and nine children) followed for thirteen to sixteen years, were successfully treated. There was no recurrence of the migraine headaches in any of the cases and their pregenital character structure had been exposed and changed.

DISCUSSION: Dr. Mortimer Ostow noted that Dr. Sperling's observations about migraine and depressed patients were similar to his own. It was his experience that these patients suffer from disturbances of libidinal energies in the ego; thus many of them respond to some of the newer drugs. In migraine, there is

an abrupt impoverishment of the ego and as soon as equilibrium is achieved the headache disappears. The attacks are also associated with hypersensitivity of sensory modalities. Antidepressant medication is thus helpful in preventing migraine, whereas tranquilizing drugs often precipitate it in predisposed subjects.

Dr. Renato Almansi referred to one case of migraine that he analyzed in which he felt that the cure of the migraine attacks was due to analysis. In his patient, who suffered from monthly attacks from the age of seventeen, an important genetic factor seemed to be a meningeal illness that his sister suffered from when he was six. While in analysis, this patient, who had begun to gain more insight into his castration problems, after seeing an alligator developed a severe attack of migraine in the course of which he saw, in a hypnagogiclike fashion, an alligator surrounded by a halo. The attack then ceased and migraine headaches did not recur. Thus it seemed that the analysis deprived the migraine of the psychogenic mechanisms that would trigger the attack.

Dr. Jan Frank raised the question of somatic-psychic versus psycho-somatic. He noted that in 'petit mal' epileptic attacks one finds dysrhythmia in the EEGs and frequent attacks, which do not respond to medication, can lead to a brain syndrome with personality changes. But migraine attacks in adolescence, due to hormonal and autonomic nervous imbalance, sometimes spontaneously disappear after puberty without treatment. Dr. Frank said that caution should be used in regard to analyzing organic lesions or illnesses.

Dr. Gustav Bychowski spoke of his experience with a small number of 'epileptic' patients who failed to respond to barbiturates. In two of the cases the patients were cured by psychoanalysis but he regarded them as 'pseudo-epileptics'. He then spoke of a physician with severe migraine, who had become a demerol addict. He was relieved of this symptom by analysis. However, Dr. Bychowski did not find in this case any of the dynamic conflicts that Dr. Sperling reported; rather, there was much hostility and conflicts that produced hostility.

Dr. Judith Kestenberg felt that Dr. Sperling described a new syndrome that clarifies clinical phenomena, namely, accident proneness, hypermotility, and migraine. She discussed certain children with marked hypermotility who run until they fall; they have such tremendous impetus that they can drive themselves to exhaustion. They may also have headaches. Dr. Kestenberg wondered whether such patients hurt themselves at first because of hypermotility, which counteracts normal caution, and then become masochistically accident prone.

Dr. Charles Brenner pointed out that Dr. Sperling's paper was intended primarily to demonstrate that the mental mechanisms of migraine patients are similar to those she found in depressive and convulsive patients. In addition she reported unequaled therapeutic success in her series of analyzed migraine patients. Dr. Brenner noted that he has not had comparable experience with these patients. He also discussed some aspects of Dr. Sperling's remarks about the psychopathology of the epileptic patients.

HENRY ROSNER

The twenty-fourth INTERNATIONAL PSYCHOANALYTIC CONGRESS will be held in Amsterdam, The Netherlands, from July 25 through July 30, 1965, under the auspices of the Dutch Psychoanalytic Society. The program will emphasize clinical psychoanalysis, with the focus on the technical problems in the psychoanalysis of obsessional neurosis. Inquiries should be addressed to: 24th International Psychoanalytic Congress, c/o Holland Organizing Center, 16, Lange Voorhout, The Hague.

The second INTERNATIONAL CONGRESS OF PSYCHOSOMATIC MEDICINE IN OBSTETRICS AND GYNECOLOGY will be held in Vienna, Austria July 28th to July 31st, 1965. Papers will cover the psychosomatic aspects of conception, pregnancy, labor, delivery and lactation. For further information, write Doz. Dr. A. H. Palmrich, Secretary General, Wiener Medizinische Akademie, Alserstr. 4, Vienna 9, Austria.

The CHICAGO INSTITUTE FOR PSYCHOANALYSIS will award its fourth biennial Franz Alexander Prize of three hundred dollars in 1965 to the author of a paper in the field of psychoanalysis. All graduates of the Institute since 1955 are eligible to submit papers, which should either be unpublished or published no earlier than 1962. Papers should be submitted in five copies, before May 1, 1965, to: Dr. Louis B. Shapiro, 664 North Michigan Avenue, Chicago, Illinois 60611.

A conference on diagnostic research and treatment trends in childhood schizophrenia will be held at the HILLSIDE HOSPITAL, Glen Oaks, New York, on February 27 and 28, 1965. Speakers will include Drs. Lauretta Bender, Stella Chess, William Goldfarb, and other distinguished authorities in the field.

The AMERICAN INSTITUTE FOR PSYCHOANALYSIS announces an orientation course on Karen Horney's Holistic Approach to the Theory and Practice of Psychoanalysis, to be conducted by their faculty, beginning March 16, 1965. For further information write to Dr. Harold Kelman, American Institute for Psychoanalysis, 329 East 62nd Street, New York City 10021.

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THE WORKING ALLIANCE AND THE TRANSFERENCE NEUROSIS

BY RALPH R. GREENSON, M.D. (LOS ANGELES)

The clinical material on which this presentation is based is derived from patients who developed unexpected difficulties in the course of psychoanalytic therapy. Some of these patients had undergone one or more analyses with other analysts; others were patients of mine who returned for further analysis. In this group there were patients who were unable to get beyond the preliminary phases of analysis. Even after several years of analysis they were not really 'in analysis'. Others seemed interminable; there was a marked discrepancy between the copiousness of insight and the paucity of change. The clinical syndromes these cases manifested were heterogeneous in diagnostic category, ego functions, or dynamics of personality. The key to understanding the essential pathology as well as the therapeutic stalemate was in the failure of the patient to develop a reliable working relation with the analyst. In each case the patient was either unable to establish or maintain a durable working alliance with the analyst and the analyst neglected this fact, pursuing instead the analysis of other transference phenomena. This error in technique was observable in psychoanalysts with a wide range of clinical experience and I recognized the same shortcoming in myself when I resumed analysis with patients previously treated.

In working with these seemingly unanalyzable or interminable patients I became impressed by the importance of separating the patient's reactions to the analyst into two distinct categories: the transference neurosis and the working alliance. Actually this classification is neither complete nor precise. However, this dif-

Presented before the Cleveland Psychoanalytic Society, May 1964. An earlier version was presented before the Los Angeles Psychoanalytic Society, May 1963.

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ferentiation helps make it possible to give equal attention to two essentially different transference reactions.

My clinical experiences in regard to the working alliance were enhanced and clarified by Elizabeth Zetzel in Current Concepts of Transference *(32)*. In that essay she introduced the term 'therapeutic alliance' and indicated how important she considered it by demonstrating that one could differentiate between the classical psychoanalysts and the British school by whether they handled or ignored this aspect of the transference. Leo Stone *(31)* gave further insight and fresh impetus in my attempts to clarify and formulate the problem of the working alliance and its relation to other transference phenomena.

The concept of a working alliance is an old one in both psychiatric and psychoanalytic literature. It has been described under a variety of labels but, except for Zetzel and Stone, it either has been considered of secondary importance or has not been clearly separated from other transference reactions. It is the contention of this paper that the working alliance is as essential for psychoanalytic therapy as the transference neurosis. For successful psychoanalytic treatment a patient must be able to develop a full-blown transference neurosis and also to establish and maintain a reliable working alliance. The working alliance deserves to be recognized as a full and equal partner in the patient-therapist relationship.

DEFINITION OF TERMS

Transference is the experiencing of feelings, drives, attitudes, fantasies, and defenses toward a person in the present which are inappropriate to that person and are a repetition, a displacement of reactions originating in regard to significant persons of early childhood *(4, 6, 11)*. I emphasize that for a reaction to be considered transference it must have two characteristics: it must be a repetition of the past and it must be inappropriate to the present.

During analysis several transference phenomena can be distinguished. In the early phases we see usually sporadic, tran-

sient reactions, aptly called 'floating' transference reactions by Glover *(17)*. Freud described more enduring transference phenomena which develop when the transference situation is properly handled. Then all the patient's neurotic symptoms are replaced by a neurosis in the transference relation of which he can be cured by therapeutic work. 'It is a new edition of the old disease' *(9, 11)*. I would modify this concept and say that the transference neurosis is in effect when the analyst and the analysis become the central concern in the patient's life. The transference neurosis includes more than the infantile neurosis; the patient also relives the later editions and variations of his original neurosis. The 'floating' transference phenomena ordinarily do not belong to the transference neurosis. However, for simplification, the phrase, transference neurosis, here refers to the more regressive and inappropriate transference reactions.

The term, working alliance, is used in preference to diverse terms others have employed for designating the relatively non-neurotic, rational rapport which the patient has with his analyst. It is this reasonable and purposeful part of the feelings the patient has for the analyst that makes for the working alliance. The label, working alliance, was selected because it emphasizes its outstanding function: it centers on the patient's ability to work in the analytic situation. Terms like the 'therapeutic alliance' *(32)*, the 'rational transference' *(2)*, and the 'mature transference' *(31)* refer to similar concepts. The designation, working alliance, however, has the advantage of stressing the vital elements: the patient's capacity to work purposefully in the treatment situation. It can be seen at its clearest when a patient, in the throes of an intense transference neurosis, can yet maintain an effective working relationship with the analyst.

The reliable core of the working alliance is formed by the patient's motivation to overcome his illness, his conscious and rational willingness to coöperate, and his ability to follow the instructions and insights of his analyst. The actual alliance is formed essentially between the patient's reasonable ego and the analyst's analyzing ego *(29)*. The medium that makes this

possible is the patient's partial identification with the analyst's approach as he attempts to understand the patient's behavior.

The working alliance comes to the fore in the analytic situation in the same way as the patient's reasonable ego: the observing, analyzing ego is split off from his experiencing ego *(30)*. The analyst's interventions separate the working attitudes from the neurotic transference phenomena just as his interventions split off the reasonable ego from the irrational one. These two sets of phenomena are parallel and express analogous psychic events from different points of reference. Patients who cannot split off a reasonable, observing ego will not be able to maintain a working relation and vice versa.

This differentiation between transference neurosis and working alliance, however, is not absolute since the working alliance may contain elements of the infantile neurosis which eventually will require analysis. For example, the patient may work well temporarily in order to gain the analyst's love, and this ultimately will lead to strong resistances; or the overvaluation of the analyst's character and ability may also serve the working alliance well in the beginning of the analysis, only to become a source of strong resistance later. Not only can the transference neurosis invade the working alliance but the working alliance itself can be misused defensively to ward off the more regressive transference phenomena. Despite these intermixtures, the separation of the patient's reactions to the analyst into these two groupings, transference neurosis and working alliance, seems to have clinical and technical value.

SURVEY OF THE LITERATURE

Freud spoke of the friendly and affectionate aspects of the transference which are admissible to consciousness and which are 'the vehicle of success in psychoanalysis . . .' *(6,* p. 105*)*. Of rapport he wrote: 'It remains the first aim of the treatment to attach him [the patient] to it and to the person of the doctor. To ensure this, nothing need be done but to give him time. If one exhibits a serious interest in him, carefully clears away the re-

sistances that crop up at the beginning and avoids making certain mistakes, he will of himself form such at attachment. . . . It is certainly possible to forfeit this first success if from the start one takes up any standpoint other than one of sympathetic understanding' *(8,* pp. 139-140*).*

Sterba *(30)* wrote about the patient's identification with the analyst which leads to the patient's concern with the work they have to accomplish in common—but he gave this aspect of the transference no special designation. Fenichel *(2,* p. 27*)* described the 'rational transference' as an aim-inhibited positive transference which is necessary for analysis. Elizabeth Zetzel's emphasis on the importance of the 'therapeutic alliance' was discussed above. Loewald's paper on the therapeutic action of psychoanalysis is a penetrating and sensitive study of the different kinds of relations the patient develops toward the analyst during psychoanalysis *(23).* Some of his ideas are directly concerned with what I call the working alliance. Leo Stone devotes himself to the complexities in the relation between analyst and patient. He refers to the 'mature transference' which he believed to be: (a) in opposition to the 'primordial transference' reactions and (b) essential for a successful analysis *(31,* p. 106*).*

The Symposium on Curative Factors in Psychoanalysis presented before the Twenty-second Congress of the International Psychoanalytical Association (1962) contained many references to the special transference reactions that make for a therapeutic alliance and also some discussion of the analyst's contribution to the 'good' analytic situation. Gitelson *(16)* spoke of the rapport on which we depend in the beginning of analysis and which eventuates in transference. He stressed the necessity for the analyst to present himself as a good object and as an auxiliary ego. Myerson *(25),* Nacht *(26),* Segal *(27),* Kuiper *(22),* Garma *(13),* King *(21),* and Heimann *(20)* took issue with him on one or another aspect of his approach. In some measure the disagreement seems to be due to failure to distinguish clearly between the working alliance and the more regressive transference phenomena.

This brief and incomplete survey reveals that many analysts, including Freud, recognized that in psychoanalytic treatment another kind of relation to the analyst is necessary besides the more regressive transference reactions.

DEVELOPMENT OF THE WORKING ALLIANCE

ABERRATIONS

The first clinical examples show how the course of development of the working alliance deviated markedly from that of the usual psychoanalytic patient. The reason for proceeding this way stems from the fact that in the classical analytic patient the working alliance develops almost imperceptibly, relatively silently, and seemingly independently of any special activity on the part of the analyst. The irregular cases highlight different processes and procedures which take place almost invisibly in the usual analytic patient.

Some years ago an analyst from another city referred an intelligent middle-aged man who had had more than six years of previous analysis. Certain general conditions had improved but his original analyst believed the patient needed additional analysis because he was still unable to marry and was very lonely. From the beginning of the therapy I was struck by the fact that he was absolutely passive about recognizing and working with his resistances. It turned out that he expected them to be pointed out continuously as his previous analyst had done. It also impressed me that the moment I made some intervention he had an immediate response, although often incomprehensible. I discovered that he thought it his duty to reply immediately to every intervention since he believed it would be a sign of resistance, and therefore bad, to keep silent for a moment or so to mull over what had been said. Apparently his previous analyst had never recognized his fear of being silent as a resistance. In free association the patient searched actively for things to talk about and, if more than one idea occurred to him, he chose what seemed to be the item he thought I was looking for

without mentioning the multiple choices. When I requested information, he often answered by free association so that the result was bizarre. For example, when I asked him what his middle name was he answered: 'Raskolnikov', the first name that occurred to him. When I recovered my composure and questioned this he defended himself by saying that he thought he was supposed to free associate. I soon gained the impression that this man had never really established a working relation with his first analyst. He did not know what he was supposed to do in the analytic situation. He had been lying down in front of an analyst for many years, meekly submitting to what he imagined the previous analyst had demanded, constant and instant free association. Patient and analyst had been indulging in a caricature of psychoanalysis. True, the patient had developed some regressive transference reactions, some of which had been interpreted, but the lack of a consistent working alliance left the whole procedure amorphous, confused, and ineffectual.

Although I realized that the magnitude of the patient's problems could not be due solely or even mainly to the first analyst's technical shortcomings, I thought the patient ought to be given a fair opportunity to see whether he could work in an analytic situation. Besides, this clarification would also expose the patient's pathology more vividly. Therefore, in the first months of our work together, I carefully explained, whenever it seemed appropriate, the different tasks that psychoanalytic therapy requires of the patient. He reacted to this information as though it were all new to him and seemed eager to try to work in the way I described. However, it soon became clear that he could not just say what came to his mind, he felt compelled to find out what I was looking for. He could not keep silent and mull over what I said; he was afraid of the blank spaces, they signified some awful danger. If he were silent he might think; if he thought he might disagree with me, and to disagree was tantamount to killing me. His striking passivity and compliance were revealed as a form of ingratiation, covering up an

inner emptiness, an insatiable infantile hunger, and a terrible rage. In a period of six months it became clear that this man was a schizoid 'as if' character who could not bear the deprivations of classical psychoanalysis *(1)*. I therefore helped him obtain supportive psychotherapy with a woman therapist.

A woman I had previously analyzed for some four years resumed analysis after an interval of six years. We both knew when she had interrupted treatment that there was a great deal of unfinished analysis, but we agreed that an interval without analysis might clarify the unusual obscurities and difficulties we encountered in trying to achieve a better resolution of her highly ambivalent, complaining, clinging, sadomasochistic transference. I had suggested her going to another analyst, since, in general, I have found a change in analysts is more productive than a return to the old one. It usually offers new insights into the old transference reactions and adds new transference possibilities. However, for external reasons this was not feasible and I undertook the resumption of her analysis, although with some reservations.

In her first hours on the couch I was struck by the strange way the patient worked in the analysis. Then I quickly recalled that this had often happened in the past; it appeared more striking now since I was no longer accustomed to it; it seemed almost bizarre. After a certain moment in the hour the patient would speak almost incessantly; there would be disconnected sentences, part of a recital of a recent event, an occasional obscene phrase with no mention of its strangeness or that it was an obsessive thought, and then back to the recital of a past event. The patient seemed to be completely oblivious to her odd way of speaking and never spontaneously mentioned it. When I confronted her with this she at first seemed unknowing and then felt attacked.

I realized that in the previous analysis there had been many such hours or parts of hours whenever the patient was very anxious and tried to ward off her awareness of anxiety as well as

analysis of it. I recalled that we had uncovered some of the meanings and historical determinants of such behavior. For example, her mother had been a great chatterer, had talked to the child as a grownup before she could understand. Her incomprehensible talking to me was an identification with her mother and an acting out in the analytic situation. Furthermore, the mother had used a stream of talk to express both anxiety and hostility to her husband, an essentially quiet man. The patient took over this pattern from her mother and re-enacted it in the analytic hour whenever she was anxious and hostile and when she was torn between hurting me and holding onto me.

We came to understand that this mode of behavior also denoted a regression in ego functions from secondary process toward primary process, a kind of 'sleep-talking' with me, a re-enactment of sleeping with the parents. This peculiar way of talking had recurred many times during the first analysis and although various determinants had been analyzed it still persisted to some degree up to the interruption of that analysis. Whenever I tried to confront the patient with a misuse of one of the analytic procedures, we would be sidetracked by her reactions to my confrontation or by new material that came up. She might recall some past event which seemed relevant or, in the next hours, dreams or new memories would appear and we never really returned to the subject of why she was unable to do some part of the psychoanalytic work. In her second analysis, I would not be put off. Whenever the merest trace of the same disconnected manner of talking appeared, or whenever it seemed relevant, I confronted her with the problem and kept her to this subject until she at least acknowledged what was under discussion. The patient attempted to use all her old methods of defense against confrontations of her resistances. I listened only for a short time to her protestations and evasions and repeatedly pointed out their resistive function. I did not work with any new material until convinced the patient was in a good working alliance with me.

Slowly the patient began to face her misuse of the basic rule.

She herself became aware of how she at times consciously, at others preconsciously, and, at still other times, unconsciously, blurred the real purpose of free association. It became clear that when the patient felt anxious in her relation to me she would let herself slip into this regressive 'sleep-talking' manner of speech. It was a kind of 'spiteful obedience'—spiteful in so far as she knew it was an evasion of true free association. It was obedience inasmuch as she submitted to this regressive or, one might say, incontinent way of talking. This arose whenever she felt a certain kind of hostility toward me. She felt this as an urge to pour out a stream of poison upon me that led her to feel I would be destroyed and lost to her and she would feel alone and frightened. Then she would quickly dive into sleep-talking as though saying: 'I am a little child who is partly asleep and is not responsible for what is coming out of me. Don't leave me; let me sleep on with you; it is just harmless urine that is coming out of me.' Other determinants will not be discussed since they would lead too far afield.

It was fascinating to see how differently this analysis proceeded from the previous one. I do not mean to imply that this patient's tendency to misuse her ability to regress in ego functioning completely disappeared. However, my vigorous pursuit of the analysis of the defective working alliance, my constant attention to the maintenance of a good working relation, my refusal to be misled into analyzing other aspects of her transference neurosis had their effects. The second analysis had a completely different flavor and atmosphere. In the first analysis I had an interesting and whimsical patient who was frustrating because I was so often lost by her capricious wanderings. In the second, though still a whimsical patient she also was an ally who not only helped me when I was lost but pointed out that I was being led astray even before I realized it.

The third patient, a young man, entered analysis with me after he had spent two and one half years with an analyst in another city, which had left him almost completely untouched. He

had obtained certain insights but had the distinct impression that his former analyst really disapproved of infantile sexuality even though the young man realized that analysts were not supposed to be contemptuous of it. In the preliminary interviews the patient told me that he had the greatest difficulty in talking about masturbation and previously often consciously withheld this information. He had informed the former analyst about the existence of many conscious secrets but nevertheless stubbornly refused to divulge them. He had never wholeheartedly given himself up to free association and reported many hours of long silence. However, the patient's manner of relating his history to me and my general clinical impression led me to believe that he was analyzable despite the fact that he had not been able to form a working alliance with his first analyst.

I undertook the analysis and learned a great deal about this patient's negative reactions to his previous analyst, some of which stemmed from his way of conducting that analysis. For example, in one of the first hours on the couch the patient took out a cigarette and lit it. I asked him what he was feeling when he decided to light the cigarette. He answered petulantly that he knew he was not supposed to smoke in his previous analysis and now he supposed that I too would forbid it. I told him that I wanted to know what feelings, ideas, and sensations were going on in him at the moment that he decided to light the cigarette. He then revealed that he had become somewhat frightened in the hour and to hide this anxiety from me he decided to light the cigarette. I replied that it was preferable for such feelings and ideas to be expressed in words instead of actions because then I would understand more precisely what was going on in him. He realized then that I was not forbidding him to smoke but only pointing out that it was more helpful to the process of being analyzed if he expressed himself in words and feelings. He contrasted this with his first analyst who told him before he went to the couch that it was customary not to smoke during sessions. There was no explanation for this and the patient felt that his first analyst was being arbitrary.

In a later hour the patient asked me whether I was married. I countered by asking him what he imagined about that. He hesitantly revealed that he was torn between two sets of fantasies, one that I was a bachelor who loved his work and lived only for his patients; the other that I was a happily married man with many children. He went on spontaneously to tell me that he hoped I was happily married because then I would be in a better position to help him with his sexual problems. Then he corrected himself and said it was painful to think of me as having sexual relations with my wife because that was embarrassing and none of his business. I then pointed out to him how, by not answering his question and by asking him instead to tell his fantasies about the answer, he revealed the cause of his curiosity. I told him I would not answer questions when I felt that more was to be gained by keeping silent and letting him associate to his own question. At this point the patient became somewhat tearful and, after a short pause, told me that in the beginning of his previous analysis he had asked many questions. His former analyst never answered nor did he explain why he was silent. He felt his analyst's silence as a degradation and humiliation and now realized that his own later silences were a retaliation for this imagined injustice. Somewhat later he saw that he had identified himself with his first analyst's supposed contempt. He, the patient, felt disdain for his analyst's prudishness and at the same time was full of severe self-reproach for his own sexual practices which he then projected onto the analyst.

It was instructive to me to see how an identification with the previous analyst based on fear and hostility led to a distortion of the working relationship instead of an effective working alliance. The whole atmosphere of the first analysis was contaminated by hostile, mistrustful, retaliative feelings and attitudes. This turned out to be a repetition of the patient's behavior toward his father, a point the first analyst had recognized and interpreted. The analysis of this transference resistance, however, was ineffectual, partly because the first analyst worked in such a way as to justify constantly the patient's infantile neurotic behavior

and so furthered the invasion of the working alliance by the transference neurosis.

I worked with this patient for approximately four years and almost from the beginning a relatively effective working alliance was established. However, my manner of conducting analysis, which seemed to him to indicate some genuine human concern for his welfare and respect for his position as a patient also mobilized important transference resistances in a later phase of the analysis. In the third year I began to realize that, despite what appeared to be a good working alliance and a strong transference neurosis, there were many areas of the patient's outside life that did not seem to change commensurately with the analytic work. Eventually I discovered that the patient had developed a subtle but specific inhibition in doing analytic work outside the analytic hour. If he became upset outside he would ask himself what upset him. Usually he succeeded in recalling the situation in question. Sometimes he even recalled the meaning of that event that he had learned from me at some previous time, but this insight would be relatively meaningless to him; it felt foreign, artificial, and remembered by rote. It was not his insight; it was mine, and therefore had no living significance for him. Hence, he was relatively blank about the meaning of the upsetting events.

Apparently, although he seemed to have established a working alliance with me in the analytic situation, this did not continue outside. Analysis revealed that the patient did not allow himself to assume any attitude, approach, or point of view that was like mine outside the analytic hour. He felt that to permit himself to do so would be tantamount to admitting that I had entered into him. This was intolerable because he felt this to be a homosexual assault, a repetition of several childhood and adolescent traumas. Slowly we uncovered how the patient had sexualized and aggressivized the process of introjection.

This new insight was the starting point for the patient to learn to discriminate among the different varieties of 'taking in'. Gradually he was able to re-establish a nonhomosexual

identification with me in adapting an analytic point of view. Thus a working relation that had been invaded by the transference neurosis was once again relatively free of infantile neurotic features. The previous insights that had remained ineffectual eventually led to significant and lasting changes.[1]

Those patients who cling tenaciously to the working alliance because they are terrified of the regressive features of the transference neurosis should be briefly mentioned. They develop a reasonable relation to the analyst and do not allow themselves to feel anything irrational, be it sexual, aggressive, or both. Prolonged reasonableness in an analysis is a pseudo-reasonableness for a variety of unconscious neurotic motives.

For about two years a young social scientist who had an intellectual knowledge of psychoanalysis maintained a positive and reasonable attitude toward me, his analyst. If his dreams indicated hostility or homosexuality he acknowledged this but claimed that he knew he was supposed to feel such things toward his analyst but he 'really' did not. If he came late or forgot to pay his bill he again admitted that it might seem that he did not want to come or pay his bill but 'actually' it was not so. He had violent anger reactions to other psychiatrists he knew, but insisted they deserved it and I was different. He became infatuated with another male analyst for a period of time and 'guessed' he must remind him of me, but this was said playfully. All of my attempts to get the patient to recognize his persistent reasonableness as a means of avoiding or belittling his deeper feelings and impulses failed. Even my attempts to trace the historical origins of this mode of behavior were unproductive. He had adopted the role of 'odd ball', clown, harmless nonconformist in his high school years and was repeating this in the analysis. Since I could not get the patient to work further or con-

[1] This case is described in greater detail in a paper entitled The Problem of Working Through. In: *Tribute to Marie Bonaparte*. Edited by Max Schur. (In process of publication.)

sistently on this problem, I finally told him that we had to face the fact that we were getting nowhere and we ought to consider some alternative besides continuing psychoanalysis with me. The patient was silent for a few moments and said 'frankly' he was disappointed. He sighed and then went on to make a free associationlike remark. I stopped him and asked him what in the world he was doing. He replied that he 'guessed' I sounded somewhat annoyed. I assured him it was no guess. Then slowly he looked at me and asked if he might sit up. I nodded and he did. He was quite shaken, sober, pale, and in obvious distress. After some moments of silence he said that maybe he would be able to work better if he could look at me. He had to be sure I was not laughing at him, or angry, or getting sexually excited. I asked him about the last point. He told me that he often fantasied that perhaps I was being sexually excited by what he said but hid it from him. This he had never brought up before, it was just a 'fleeting idea'. But this fleeting idea led quickly to many memories of his father repeatedly and unnecessarily taking his temperature rectally. He proceeded to a host of homosexual and sadomasochistic fantasies. The persistent reasonableness was a defense against these as well as a playful attempt to tease me into acting out with him. My behavior, in the hour described above, was not well controlled, but it led to awareness that the patient's working alliance was being used to ward off the transference neurosis.

The working alliance had become the façade for the transference neurosis. It was his neurotic character structure hiding as well as expressing his underlying neurosis. Only when the patient's acting out was interrupted and he realized he was about to lose the transference object did his rigidly reasonable behavior become ego-alien and accessible to therapy. He needed several weeks of being able to look at me, to test out whether my reactions could be trusted. Then he became able to distinguish between genuine reasonableness and the teasing, spiteful reasonableness of his character neurosis and the analysis began to move.

THE CLASSICAL ANALYTIC PATIENT

The term classical in this connection refers to a heterogeneous group of patients who are analyzable by the classical psychoanalytic technique without major modifications. They suffer from some form of transference neurosis, a symptom or character neurosis, without any appreciable defect in ego functions. In such patients the working transference develops almost imperceptibly, relatively silently, and seemingly independently of any special activity or intervention on the part of the analyst. Usually signs of the working alliance appear in about the third to sixth month of analysis. Most frequently the first indications of this development are: the patient becomes silent and then, instead of waiting for the analyst to intervene, he himself ventures the opinion that he seems to be avoiding something. Or he interrupts a rather desultory report of some event and comments that he must be running away from something. If the analyst remains silent the patient spontaneously asks himself what it can be that is making him so evasive and he will let his thoughts drift into free associations.

It is obvious that the patient has made a partial and temporary identification with me and now is working with himself in the same manner as I have been working on his resistances. If I review the situation I usually find that prior to this development the patient has experienced some sporadic sexual or hostile transference reaction which has temporarily caused a strong resistance. I patiently and tactfully demonstrate this resistance, then clarify how it operated, what its purpose was, and eventually interpret and reconstruct its probable historical source. Only after effective transference-resistance analysis is the patient able to develop a partial working alliance. However, it is necessary to go back to the beginning of the analysis to get a detailed view of its development.

There is great variety in the manner in which a patient enters into the preliminary interviews. In part this is determined by his past history in regard to psychoanalysts, physicians, and

authority figures and strangers, as well as his reactions to such conditions as being sick or needing and asking for help *(15)*. Furthermore, his knowledge or lack of it about procedures of psychoanalysis and the reputation of the psychoanalyst also influence his initial responses. Thus the patient comes to the initial interview with a preformed relationship to me, partly transference and partly based on reality, depending on how much he fills in the unknowns inappropriately out of his own past.

The preliminary interviews heavily color the patient's reactions to the analyst. This is determined mainly by the patient's feelings about exposing himself as well as his responses to my method of approach and my personality. Here too I believe we see a mixture of transference and realistic reactions. Exposure of one's self is apt to stir up reverberations of past denudings in front of parents, doctors, or others, and is therefore likely to produce transference reactions. My technique of conducting the interviews will do the same the more it seems strange, painful, or incomprehensible to the patient. Only those methods of approach that seem understandable to him may lead to realistic reactions. My 'analyst' personality as it is manifested in the first interviews may also stir up both transference and realistic reactions. It is my impression that those qualities that seem strange, threatening, or nonprofessional evoke strong transference reactions along with anxiety. Traits the patient believes indicate a therapeutic intent, compassion, and expertness may produce realistic responses as well as positive transference reactions. The clinical material from the third case indicates how the manner, attitude, and technique of the analyst in the beginning of both analyses decisively colored the analytic situation.

By the time I have decided that psychoanalysis is the treatment of choice, I shall have gained the impression that the patient in question seems to have the potential for forming a working alliance with me along with his transference neurosis. My discussion with the patient of why I believe psychoanalysis is the best method of therapy for him, the explanations of the frequency of visits, duration, fee, and similar matters, and the pa-

tient's own appraisal of his capacity to meet these requirements will be of additional value in revealing the patient's ability to form a working alliance.

The first few months of analysis with the patient lying on the couch attempting to free associate can best be epitomized as a combination of testing and confessing. The patient tests his ability to free associate and to expose his guilt and anxiety-producing experiences. Simultaneously he is probing his analyst's reactions to these productions *(10, 18)*. There is a good deal of history telling and reporting of everyday events. My interventions are aimed at pointing out and exploring fairly obvious resistances and inappropriate affects. When the material is quite clear I try to make connections between past and present behavior patterns. As a consequence, the patient usually begins to feel that perhaps I understand him. Then he dares to regress, to let himself experience some transient aspect of his neurosis in the transference in regard to my person. When I succeed in analyzing this effectively then I have at least temporarily succeeded in establishing a reasonable ego and a working alliance alongside of the experiencing ego and the transference neurosis. Once the patient has experienced this oscillation between transference neurosis and working alliance in regard to one area, he becomes more willing to risk future regressions in that same area of the transference neurosis. However every new aspect of the transference neurosis may bring about an impairment of the working alliance and temporary loss of it.

ORIGINS OF THE WORKING ALLIANCE

CONTRIBUTIONS OF THE PATIENT

For a working alliance to take place, the patient must have the capacity to form object relations since all transference reactions are a special variety of them. People who are essentially narcissistic will not be able to achieve consistent transferences. Furthermore, the working alliance is a relatively rational, desexualized, and deaggressivized transference phenomenon. Patients must have been able to form such sublimated, aim-inhibited re-

lations in their outside life. In the course of analysis the patient is expected to be able to regress to the more primitive and irrational transference reactions that are under the influence of the primary process. To achieve a working alliance, however, the patient must be able to re-establish the secondary process, to split off a relatively reasonable object relationship to the analyst from the more regressive transference reactions. Individuals who suffer from a severe lack of or impairment in ego functions may well be able to experience regressive transference reactions but will have difficulty in maintaining a working alliance. On the other hand, those who dare not give up their reality testing even temporarily and partially, and those who must cling to a fixed form of object relationship are also poor subjects for psychoanalysis. This is confirmed by the clinical findings that psychotics, borderline cases, impulse ridden characters, and young children usually require modifications in the classical psychoanalytic technique *(13, 14, 17)*. Freud had this in mind when he distinguished transference neuroses which are readily analyzable from narcissistic neuroses which are not.

The patient's susceptibility to transference reactions stems from his state of instinctual dissatisfaction and his resultant need for opportunities for discharge. This creates a hunger for objects and a proneness for transference reactions in general *(3)*. Satisfied or apathetic people have fewer transference reactions. The awareness of neurotic suffering also compels the patient to establish a relationship to the analyst. On a conscious and rational level the therapist offers realistic hope of alleviating the neurotic misery. However, the patient's helplessness in regard to his suffering mobilizes early longings for an omnipotent parent. The working alliance has both a rational and irrational component. The above indicates that the analyzable patient must have the need for transference reactions, the capacity to regress and permit neurotic transference reactions, and have the ego strength or that particular form of ego resilience that enables him to interrupt his regression in order to reinstate the reasonable and purposeful working alliance *(*Cf. *23)*.

The patient's ego functions play an important part in the implementation of the working alliance in addition to a role in object relations. In order to do the analytic work the patient must be able to communicate in a variety of ways; in words, with feelings, and yet restrain his actions. He must be able to express himself in words, intelligibly with order and logic, give information when indicated and also be able to regress partially and do some amount of free association. He must be able to listen to the analyst, comprehend, reflect, mull over, and introspect. To some degree he also must remember, observe himself, fantasy, and report. This is only a partial list of ego functions that play a role in the patient's capacity to establish and maintain a working alliance; we also expect the patient simultaneously to develop a transference neurosis. Thus his contribution to the working alliance depends on two antithetical properties: his capacity to maintain contact with the reality of the analytic situation and also his willingness to risk regressing into his fantasy world. It is the oscillation between these two positions that is essential for analytic work.

CONTRIBUTIONS OF THE ANALYTIC SITUATION

Greenacre *(18)*, Macalpine *(24)*, and Spitz *(28)* all have pointed out how different elements of the analytic setting and procedures promote regression and the transference neurosis. Some of these same elements also aid in forming the working alliance. The high frequency of visits and long duration of the treatment not only encourage regression but also indicate the long-range objectives and the importance of detailed, intimate communication. The couch and the silence give opportunity for introspection and reflection as well as production of fantasy. The fact that the patient is troubled, unknowing, and being looked after by someone relatively untroubled and expert stirs up the wish to learn and to emulate. Above all the analyst's constant emphasis on attempting to gain understanding of all that goes on in the patient, the fact that nothing is too small, obscure, ugly, or beautiful to escape the analyst's search for com-

prehension—all this tends to evoke in the patient the wish to know, to find answers, to find causes. This does not deny that the analyst's probings stir up resistances: it merely asserts that it also stirs up the patient's curiosity and his search for causality.

Freud stated that in order to establish rapport one needs time and an attitude of sympathetic understanding *(8)*. Sterba *(29)* stressed the identificatory processes. The fact that the analyst continuously observes and interprets reality to the patient leads the patient to identify partially with this aspect of the analyst. The invitation to this identification comes from the analyst. From the beginning of treatment, the analyst comments about the work they have to accomplish together. The use of such terms as 'let us look at this', or 'we can see', promotes this. Loewald stressed how the analyst's concern for the patient's potentials stimulates growth and new developments *(23)*.

Fenichel *(2)* believed it is the analytic atmosphere that is the most important factor in persuading the patient to accept on trial something formerly rejected. Stone *(31)* emphasized the analyst's willingness to offer the patient certain legitimate, controlled gratifications. I would add that the constant scrutiny of how the patient and the analyst seem to be working together, the mutual concern with the working alliance, in itself serves to enhance it.

CONTRIBUTIONS OF THE ANALYST

It is interesting to observe how some analysts take theoretical positions apparently in accord with their manifest personality and others subscribe to theories that seem to contradict their character traits. Some use technique to project, others to protect, their personality. This finding is not meant as a criticism of either group, since happy and unhappy unions can be observed in both. Some rigid analysts advocate strictest adherence to the 'rule of abstinence' and I have seen the same type of analyst attempt to practice the most crass manipulative, gratifying 'corrective emotional experience' psychotherapy. Many apparently care-free and easy-going analysts practice a strict 'rule of ab-

stinence' type of therapy while some of this same character provoke their patients to act out or indulge them in some kind of mutual gratification therapy. Some analysts practice analysis that suits their personality; some use their patients to discharge repressed desires. Be that as it may, these considerations are relevant to the problems inherent in the establishment of the working alliance. Here, however, only a brief outline of the problems can be attempted. The basic issue is: what characteristics of personality and what theoretical orientation in the analyst will insure the development of a working alliance as well as the development of a full-blown transference neurosis?

I have already briefly indicated how certain aspects of the analytic situation facilitate production of a transference neurosis. This can be condensed to the following: we induce the patient to regress and to develop a transference neurosis by providing a situation that consists of a mixture of deprivation, a sleeplike condition, and constancy. Patients develop a transference neurosis from a variety of different analysts as long as the analytic situation provides a goodly amount of deprivation administered in a predictable manner over a suitable length of time. For a good therapeutic result, however, one must also achieve a good working relationship.

What attitudes of the analyst are most likely to produce a good working alliance? My third case indicates how the patient identified himself with his previous analyst on the basis of identification with the aggressor, on a hostile basis. This identification did not produce a therapeutic alliance; it produced a combination of spite and defiance, and interfered with the psychoanalytic work. The reason for this was that the personality of the first analyst seemed cold and aloof, traits which resembled the patient's father and he was not able to differentiate his first analyst from his regressive transference feelings. How differently he reacted to me in the beginning. He was clearly able to differentiate me from his parent and therefore he was able to make a temporary and partial identification with me, and thus to do the analytic work.

The most important contribution of the psychoanalyst to a good working relationship comes from his daily work with the patient. His consistent and unwavering pursuit of insight in dealing with any and all of the patient's material and behavior is the crucial factor. Other inconsistencies may cause the patient pain, but they do not interfere significantly with the establishment of a working alliance. Yet there are analysts who work consistently and analytically and still seem to have difficulty in inducing their patients to develop a working alliance. I believe this may be due to the kind of atmosphere they create. In part, the disturbance may be the result of too literal acceptance of two suggestions made by Freud: the concept of the analyst as a mirror and the rule of abstinence *(7, 10, 12)*. These two rules have led many analysts to adopt an austere, aloof, and even authoritarian attitude toward their patients. I believe this to be a misunderstanding of Freud's intention; at best, an attitude incompatible with the formation of an effective working alliance.

The reference to the mirror and the rule of abstinence were suggested to help the analyst safeguard the transference from contamination, a point Greenacre *(18)* has amplified. The mirror refers to the notion that the analyst should be 'opaque' to the patient, nonintrusive in terms of imposing his values and standards upon the patient. It does not mean that the analyst shall be inanimate, cold, and unresponsive. The rule of abstinence refers to the importance of not gratifying the patient's infantile and neurotic wishes. It does not mean that all the patient's wishes are to be frustrated. Sometimes one may have to gratify a neurotic wish temporarily. Even the frustration of the neurotic wishes has to be carried on in such a way as not to demean or traumatize the patient.

While it is true that Freud stressed the deprivational aspects of the analytic situation, I believe he did so because at that time (1912-1919) the danger was that analysts would permit themselves to overreact and to act out with their patients. Incidentally, if one reads Freud's case histories, one does not get the impression that the analytic atmosphere of his analyses was

one of coldness or austerity. For example, in the original record of the case of the Rat man, Freud appended a note, dated December 28, to the published paper *(5)*, 'He was hungry and was fed'. Then on January 2, 'Besides this he apparently only had trivialities to report and I was able to say a great deal to him today'.

It is obvious that if we want the patient to develop a relatively realistic and reasonable working alliance, we have to work in a manner that is both realistic and reasonable despite the fact that the procedures and processes of psychoanalysis are strange, unique, and even artificial. Smugness, ritualism, timidity, authoritarianism, aloofness, and indulgence have no place in the analytic situation.

The patient will not only be influenced by the content of our work but by how we work, the attitude, the manner, the mood, and the atmosphere in which we work. He will react to and identify himself particularly with those aspects that need not necessarily be conscious to us. Glover *(17)* stressed the need of the analyst to be natural and straightforward, decrying the pretense, for example, that all arrangements about time and fee are made exclusively for the patient's benefit. Fenichel *(2)* emphasized that above all the analyst should be human and was appalled that so many of his patients were surprised by his naturalness and freedom. Sterba *(30)*, stressing the 'let us look, we shall see' approach, hints at his way of working. Stone *(31)* goes even further in emphasizing legitimate gratifications and the therapeutic attitude and intention of the psychoanalyst that are necessary for the patient.

All analysts recognize the need for deprivations in psychoanalysis; they would also agree in principle on the analyst's need to be human. The problem arises, however, in determining what is meant by humanness in the analytic situation and how does one reconcile this with the principle of deprivation. Essentially the humanness of the analyst is expressed in his compassion, concern, and therapeutic intent toward his patient. It matters to him how the patient fares, he is not just an observer or a

research worker. He is a physician or a therapist, and his aim is to help the patient get well. He keeps his eye on the long-range goal, sacrificing temporary and quick results for later and lasting changes. Humanness is also expressed in the attitude that the patient is to be respected as an individual. We cannot repeatedly demean a patient by imposing rules and regulations upon him without explanation and then expect him to work with us as an adult. For a working alliance it is imperative that the analyst show consistent concern for the rights of the patient throughout the analysis. Though I let my patient see that I am involved with him and concerned, my reactions have to be nonintrusive. I try not to take sides in any of his conflicts except that I am working against his resistances, his damaging neurotic behavior, and his self-destructiveness. Basically, however, humanness consists of understanding and insight conveyed in an atmosphere of serious work, straightforwardness, compassion, and restraint *(19)*.

The above outline is my personal point of view on how to resolve the conflict between the maintenance of distance and the closeness necessary for analytic work and is not offered as a prescription for all analysts. However, despite great variation in analysts' personalities, these two antithetical elements must be taken into account and handled if good analytic results are to be obtained. The transference neurosis and the working alliance are parallel antithetical forces in transference phenomena; each is of equal importance.

SUMMARY

Some analyses are impeded or totally thwarted by failure of patient and analyst to form a working alliance. Clinical examples of such failure are examined, showing how they were corrected. Formation of the working alliance, its characteristics, and its relation to transference are discussed. It is contended that the working alliance is equally as important as the transference neurosis.

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THE SIGNIFICANCE OF SCROTAL SAC AND TESTICLES FOR THE PREPUBERTY MALE

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Psychoanalysis seems to have neglected the psychological importance of the scrotal sac and testicles at certain periods in the life of the male. These periods include the pregenital, prepubertal, and pubertal phases. (The time of the male climacteric is another such period but will not be discussed here.) Of these phases, prepuberty will chiefly concern us in the present paper.

Unfortunately, as Spiegel *(18)* has remarked, little has been written about prepuberty, especially in boys; most writers refer to it vaguely as part of adolescence. Anna Freud *(10)*, Blos *(6)*, and Aichhorn *(1)* take note of the quantitative and qualitative changes in the drives that cause a disturbance in the distribution of internal forces at puberty; there is a resurgence of pregenital gratification in consequence. But even a definition of prepuberty in the boy is lacking. Most case reports designate him as adolescent after eleven and make no mention of his physiological development. Some of this confusion is caused by the large individual variation among boys. For each boy there is a definite picture of a biological and psychological onset which may continue for three to seven years before full puberty sets in. We should be able to be more precise about so important and striking a change as occurs at prepuberty in boys.

Presented in abbreviated form before the American Psychoanalytic Association Prepuberty Panel, New York, December 1963, the Child Analysis Study Group, Los Angeles, May 1964, Georgetown University, Department of Psychiatry, Washington, D.C., June 1964, and the Western New England Psychoanalytic Society, October 1964.

The author is grateful to Drs. Augusta Alpert, Irving Clyne, Jules Gleen, Edward Joseph, and Mark Kanzer for their suggestions.

THE PHYSIOLOGICAL CHANGES OF PREPUBERTY

Numerous studies of male physical development *(11, 14, 15, 20, 22, 23)* suggest that we may assume prepuberty to begin with the first appearance of secondary changes, including endocrine changes, not evident to the naked eye. It begins earlier in girls, between seven and ten, than in boys, who start to change between eight and eleven. It extends until the menarche in the girl, which is usually between twelve and thirteen, and in the boy until the second rapid growth of testes and penis, which is followed by the first ejaculation at about fourteen or fifteen. Along with the secondary sex changes there is an earlier skeletal growth in the girl accompanied by pelvic adiposity so that during the prepuberty years of ten and eleven she is taller and bigger, and the changes in her breasts are visible. By the time she is about thirteen she is entering actual puberty. The years following the menarche in girls and the appearance of the ejaculate in boys are considered actual puberty, or adolescence as it is commonly called, which extends until full maturity has been reached.

In the boy the early changes are more gradual and, because they occur in the genitals, are visible to the pediatrician only upon examination. This is one of the reasons for the difficulties in determining the exact time of onset and duration of prepuberty in the boy. The first sign is a slight increase in the size of penis and testes with some downy hair on the pubis and some pelvic adiposity, usually at ten or eleven years. It is not until about fourteen that rapid growth of the genital and curly pubic hair appear. The period of rapid skeletal growth and appearance of axillary hair comes with the change of voice at fourteen or fifteen, closely followed by the appearance of ejaculate. Detailed studies *(16, 17, 21)* reveal that the penis gets longer and bigger in circumference, but the endocrine organ of greatest change in the boy is the testes. It changes in color, volume, and weight. From two grams before age six, it increases to four grams by age nine; between the ages of nine and seventeen, it again

increases in weight from four grams to twenty grams, and by adulthood reaches fifty grams. Its volume at nine is ninety-six cubic millimeters but by age fourteen it has reached a volume of two hundred forty-two cubic millimeters and weighs seventeen grams. The testicles also change in sensation and function, becoming sensitive to pain and producing androgens and spermatozoa.

We should expect such marked physiological changes to affect the psychological development of the boy. The age of onset and the rapidity of change must influence the boy's psychological structure. Ego strengths and weaknesses will obviously affect his readiness to accept these changes. Likewise a comparison with peers will play a role. Here we may ask: Will such changes exacerbate an underlying neurosis? Will they overwhelm an immature ego? How do they affect his body image?

CASTRATION ANXIETY IN PREPUBERTY

The castration anxiety that appears at prepuberty has an important pregenital source. In a previous paper *(4)*, I have shown that during pregenital development, at about two and a half to four years of age, anxiety related to early object loss (loss of breast and feces) is in part due to the simultaneous contractions of the anal sphincter and retraction of the testes during defecation. These findings were based on the verbalizations of a group of boys who experienced defecation as particularly anxiety provoking. They had developed fecal retention because of fears of sitting on the toilet. It was found that the parents of these children had uniformly failed to mention the scrotum and testes when reassuring them about fecal loss. Once the parents acknowledged the existence of the scrotal sac and testes, the children verbalized a confusion of sensation between movements of the fecal mass and those of the testes. Since they had not been able to ascertain which was moving, and in which direction, they feared that a testicle would drop off during defecation. In addition, the parents' failure to speak of the scrotal sac and testes as a separate organ caused the children to visualize scrotal sac,

testes, and anus as a composite 'dirty' area. Most of the children overlooked any sensations involving the penis because of their phase appropriate interest in anal activity; only one child in the group reported anything about his penis.

A biological basis for these confused sensations does in fact exist *(8)*. Sphincter ani, scrotal sac, testes, cremasteric muscle, and penis all receive their innervation simultaneously from a network of nerves originating primarily from two main trunks, one deep and one cutaneous. Perhaps it is his confusion of sensations of movement between testes and feces that accounts for the greater reluctance of the boy than the girl to sit on the toilet during training.

We must not forget that the pregenital anxiety felt by the little boy about loss of feces and testes is the forerunner of the later occurring phallic castration anxiety. The boy is likely to think that if the testicle can disappear, the phallus may do so too. With the development of phallic primacy, the older fears of loss of feces and testes tend to influence phallic castration fears in an unconscious way. Since with few exceptions the boy can see his phallus change but not disappear, it is quite possible that the mechanism of displacement—from testes to phallus—has its beginning here. Phallic primacy remains the center of the boy's attention throughout latency. However, concern about phallic erections, which seems to be the more prominent at this time, is intimately connected with testicular activity as well.

We must also remember that during the period of anal ascendency, the scrotal sac and testes, for the reasons stated above, are perceived by the child as an anal-testicular composite. In the phallic phase, for similar reasons, the scrotal sac and testes constitute a unit perceived together with the phallus. Hence, because of its lack of identity and its position as a bridge between phallus and anus, the scrotal sac and its contents are involved in both pregenital and phallic castration anxiety.

In prepuberty the increase in instinctual drives stimulates increased masturbatory activity, which is both gratifying and, because of associated œdipal fantasies, provocative of anxiety.

Anxiety is accompanied by specific physiological changes in the genital–retraction of the testes. At the height of orgasm when the phallus becomes turgid and erect, simultaneous retractile movements of the testes and contraction of the anal sphincter occur. This has been recorded by Masters and Johnson *(14)*. These movements of the testes associated with the orgasm of masturbation probably also contribute to the castration anxiety of prepuberty and puberty. Blos *(6)* states that the preadolescent boy reacts to nonspecific stimuli with an erection, and that an erection 'can be provoked by anger, fear, shock, or general excitement'. However he fails to mention testicular retraction which occurs simultaneously with such erection.

Obviously the pregenital castration fears associated with such uncontrollable movements will be revived. The older composite image of the sac and testes as a 'dirty' area associated with the anus is likewise revived *(4)*. Understandably defensive maneuvers will be mobilized to overcome the increased anxiety. We consistently find a regression to anality. The defenses of choice are repression, denial, and displacement to the phallus.

Moreover, as the testicle becomes larger and heavier, it becomes the boy's organ of greatest vulnerability. If hit, squeezed, or otherwise injured it is excrutiatingly painful. Boys regard a trauma or blow to the developing testes as extremely dangerous. 'You can die from that', we are told; or it is said that after a blow the testes will swell and burst, causing death. I have several times come upon the fantasy that if a boy cohabits with a girl his testicles will die, or fill up and burst and then he will die. One ten-year-old thought that a man can make only two children because after it gives out its seed each testicle shrivels and dies. Here we have fears of castration in which boys refer to the testicles rather than to the phallus. Another boy frequently referred to 'getting my ass cut off', a common expression among boys usually interpreted as phallic; closer examination points to the anal-scrotal composite.

Many authors (Anna Freud [*10*], Greenacre [*12*], Blos [*6*], and others) have reported that the regression to anality is more

characteristic of the boy than of the girl. Long ago Mark Twain gave us an unsurpassed picture of prepuberty in the adventures of Tom Sawyer and his friends. Although times have changed and sleepy towns have become bustling cities the boys he described may still be found. We still hear about Aunt Polly's futile attempts to get Tom to bathe, wash his neck, or clean behind his ears. Pockets are still full of all kinds of treasures, valued more highly than the most precious jewels—beetles, stones, marbles, bits of wire and pipe, cards, doorknobs (Tom's 'chiefest jewel'), and keys, to name a few. A possible explanation for the regression to anality, which is so much more in evidence in boys than in girls, may lie in the anal-testicular confusions and associated anxieties of the boy which are revived at prepuberty.

Perhaps it is at the height of his anal development that the boy first attempts to master his fear of the uncontrollable movements of his testes with their potential for bringing about a true disappearance of a part of his genital. It is then, at the time of bowel training, that, as Blos *(6)* says, the boy takes '. . . a decisive forward step in ego development. The achievement of sphincter control produces a sense of mastery and a delineation of body boundaries—marked by the excretory orifices —which establishes for good a separation of the self and the outside world.' Thus when the pregenital anxieties are revived in prepuberty we see—besides the regression to anality—denial, repression, and displacement to the phallus as the boy's principal defenses.

We are all familiar with the ten or twelve-year-old magician who is most adept at making objects disappear and reappear. The consuming interest and superior ability in ball games at this time is equally familiar. As Greenacre *(12)* states: 'If one doubts that the difference in genital and excretory functions in the two sexes, in themselves implicit in the very anatomical structure of the organs, influence, or are even transposed onto other activities of the individual, let him think of such simple things as that boys spit, whistle, and throw balls with so much more precision and aim than do girls'. It seems to me that these

are attempts at mastering the anxiety generated by the uncontrollable movements of the testes which become so important to the boy at this time because of their marked physical changes.

It is in prepuberty too that we are confronted with a burst of 'body-building'. Running, weight lifting, and other maneuvers to strengthen muscles seem characteristic of attempts at phallic achievement. Certainly in the face of the continued testicular castration threat the boy will attempt to displace to the phallus, which always was and continues to be a pleasure-giving organ. It gets larger, but it does not pose the real threat of disappearance as do the testes.

Why is the ability in science, mathematics, and mechanics commonly considered greater in boys than in girls? I think that the boy's constant awareness of changes in his genital stimulates intellectual attempts to explain them. He cannot avoid noticing that his penis changes and his testes move unexpectedly and frequently. The girl, on the other hand, can overlook changes in her genital when she is not premenstrual, menstrual, or in a state of sexual arousal. Both sexes, as educators well know, are much interested in human physiology during this time. Is the boy trying to solve the 'mechanics' of the movement in his genital? Elkisch *(9)* casts light on the boy's interest in mechanics, pointing out that 'boys seem to draw the human figure, that is themselves, in the disguise of the machine'. She adds, 'A machine is an inanimate "organism" where different parts are put together in such a way that if this organism is set in motion, it functions. It functions by virtue of the fact that the single pieces of machine are put together so that they really fit and, as it were, make sense to each other. Even a very minor misfit may bring the machine to a standstill. . . . If we interpret its symbolism, the inanimate organism stands for the animate, the *human* organism; and the child's concern about the fitting together of parts refers to his own body, to his sexual curiosity: fitting parts together, manipulation, motion, etc.'

It is more than likely that the deeper roots of the male's castration anxiety lie in his fears about the loss of his testes. It

is significant that in adult analyses we find much repression of fantasies about the testes and scrotal sac. Attempts to lift the repression are met with anxiety, intense anger, often caustic jokes about women, and complaints against the mother.

Although I seem to emphasize anal-testicular problems, I do not by any means imply that the goal for the boy is anything but phallic. These are additional facets; and in our wish to help him attain full genital development we must be aware of those physiological changes that influence his psychological development. We seem to have been overly zealous in offering phallic interpretations, thereby re-enforcing the very defenses we want to analyze—repression, denial, and displacement to the phallus.

Some boys we see in treatment seem to be much concerned with anal aspects of their development. However in boys who have not reached phallic genitality it seems more fitting to consider their libidinal interest as anal-testicular rather than simply anal. Perhaps, along with other predisposing factors, such boys are endowed with more active or more sensitive testicles. Also, as has been shown *(4)*, some boys experience greater anxiety during bowel training. A combination of such constitutional endowment and particularly traumatic bowel training probably causes a greater than usual degree of retraction of the testes, with consequent anxiety. Analysts are likely to interpret anal preoccupations, but I have seen instances in which interpretations that included the testicle helped the boy and adult male progress more easily to phallic genital development. In fact, a preponderance of anal fantasies in a male analysis, together with stubborn defenses of denial and displacement, has proved to be a sign of hidden testicular problems in some cases.

BISEXUALITY IN PREPUBERTY

Although I have touched upon bisexuality in the male in an earlier paper *(3)*, more can now be said. Actually much of the psychology of the prepuberty male is still unclear. The increased instinctual drives of prepuberty motivate the boy's turning away from incestuous objects within the family and turning

toward his peers. Girls are of little comfort to him during his early prepuberty. They are much bigger than he—taller, heavier, and usually with visible fullness of the breast. They show adiposity of the pelvic area; they begin to posture like young ladies; here and there a sophisticated hair-do appears. The boys are scrawny, small, and restless. They are sloppy and unkempt, often dirty. Their constant fidgeting annoys their elders. They present the maturational appearance of a boy of seven. Educators have noted that the progressive school, with its possibilities for active discharge of energy, was 'made to measure' for the boy in prepuberty.

The years between eleven and fourteen have brought the girl a long way. She is fully mature physically by fourteen, usually having passed her menarche at twelve or thirteen. Her breasts are developed and her figure is that of a young woman. She aggressively depreciates her undeveloped male peer who at twelve gives no outward indication that he will eventually become a man. His skin is soft and smooth; if he has any early sign of secondary change it is a few wisps of fine pubic hair, some pelvic adiposity, and a slight increase in the size of his penis and testes. Sometimes there is an elevation of the areolar tissue which, even though it disappears later, certainly does not bolster his feelings of masculinity. The rapid growth of his genital, especially the testicle, takes place at about fourteen.

During the years between nine and fourteen the boy lives through a most difficult period. He is socially unacceptable to his female contemporaries because of his developmental lag, and is frequently the butt of the girl's increased aggressive and castrating attitudes. Girls thus intensify his feelings of inferiority and his castration anxiety. He reactively turns to other boys, joining clubs, gangs, groups, or teams. Mark Twain described this aspect of prepuberty too—the oath 'never to tell' written with the blood of each member of the clan is just as binding today as in Tom Sawyer's day. The devil and the forces of magic have lost none of their power, and it is still a disgrace to be caught with a girl before the early years of prepuberty have run their course.

And there is a further complication. The visible changes in the girl's breasts, the talk of her menarche and ability to create babies, stimulate and re-enforce the boy's own pregenital wish to be like mother—to have breasts and create babies. Wishes of this type at prepuberty connote femininity, and hence suggest phallic castration; they must be defended against. The defenses of choice, as I have said, seem to be repression, denial, displacement to the phallus, and regression to anality.

Ideas about the uncontrollable growth of his testes, which seemed so insistently to pose a threat of femininity, have been verbalized by more than one boy thus: 'They're soft and round like breasts; there are two of them; and they grow fast like breasts. They can hurt too. Girls are so fussy about being hurt in the breasts.' Is this boy voicing the unconscious question of many boys—'Will I turn into a girl?'.

Perhaps here we find an additional reason for the prepubertal boy's hostility to his mother, his sisters, and other girls, and for his turning to male friends. The uncontrollable growth of this part of his genital arouses pregenital wishes to be feminine, but it also arouses hostility to the mother whom he holds responsible for the status of his testes. One boy verbalized his fear that the therapist would change him into a girl.

A man in his thirties, described by a colleague, felt ashamed of having particularly large testicles which to him meant being feminine. He had a fantasy that at certain times his mother had dragged him around by his genitals. He knew this never really had happened, yet the feeling persisted that this was the reason for his large testicles, which had made him particularly ashamed during his adolescence. In two of my own cases, the hostility in the transference was expressed as 'You don't give me functioning testes'. For boys who have never adequately resolved their resentment toward the female in this connection, and for those who have underlying difficulties with female identification, the course of events of prepuberty may be crucial to the successful development of ultimate phallic genitality and heterosexual object choice.

Let me stress once again that the phallic connotations of the

frequent penile erections are not overlooked at this point. I merely wish to include the testicular factor in the total picture.

Blos *(6)* states that 'the typical preadolescent conflict of the boy is one of fear and envy of the female. The identificatory tendency with the phallic mother tends to alleviate the castration anxiety in relation to her; normally a defensive organization is built up against this tendency.' I disagree; it seems to me that the mother with breasts may not be regarded as phallic by her son but rather as feminine, with female power which the boy believes to be greater than his own. We must remember that in prepuberty the boy feels inferior to his female peers and certainly to his mother.

Interestingly it is the breast which often occupies the center of his unconscious fantasies. The art of prepuberty boys frequently shows breast symbols or portrays the female form with emphasis on the breasts. He makes many jokes about the breasts in his attempts to build a defensive organization against wishes to be feminine. Bettelheim *(5)* reports a joke told by prepuberty boys: 'What is the strongest thing in the world? A bra, because it holds up two mountains and a milk factory.'

To repeat, it is at prepuberty that the boy has to struggle with and renounce his wish for femininity. At this time he must work out the conflict in part stimulated by the rapid growth and the movements of his testes. They are linked with both his pregenital and prepuberty castration fears, as well as with his wishes for femininity. They are now the organs which are involved in real danger to his body.

Blos also states that 'the castration anxiety in relation to the phallic mother is not only a universal occurrence of male preadolescence, but can be considered its central theme'. Here again I take issue. Is it not less provocative of anxiety to endow the mother with a phallus rather than breasts, which are symbolically so like the rapidly growing testes the boy would rather deny? To do so also makes the mother resemble him rather than an all-powerful female to whom he feels inferior.

In psychoanalysis we have always regarded 'two' as a symbol

of femininity. Round objects, soft, vulnerable, and containing a procreative element encased in a sac can hardly be regarded as a phallic symbol. Hence the concept of the 'phallic' mother seems inherently unlikely, except as evidence of the characteristic male defense of displacement from testes to phallus, or as an artifact we ourselves have created by offering phallic interpretations predominantly. Moreover, endowing the mother with a phallus may represent a denial of feelings of male inferiority in respect to the female, who procreates so visibly and directly.

CASE MATERIAL[1]

Lee, a well-developed boy of nine, had been in analysis for two years because of an eye tic, facial grimaces, learning difficulties, behavior disorders, and a continual cough with clearing of the throat. The classical analysis of phallic aspects, œdipal fantasies, and masturbatory conflicts has not been overlooked but will be omitted from this report. At the period in his analysis to be discussed, he still had inhibitions about masturbating, sucked his thumb during nocturnal fantasies, and feared the dark. His learning difficulties and behavior disorders had already improved with treatment. The tic had subsided but, during the period under discussion, it reappeared with a new characteristic of eye-widening. I am reporting just one part of his analysis, during which time his testes retracted periodically and finally had to be 'milked out' by his pediatrician.

As often happens in such boys, Lee introduced his unconscious preoccupation with the state and movements of his testes by means of jokes with anal overtones and symbolic references to the testes. At the same time his eye tic became exaggerated. The first of the jokes, a not uncommon one, was told after he had expressed anger because his father had not let him go to the movies the preceding day. 'A father asked his sons to find as

1 To increase the objectivity of our case material I shall include part of the analysis of a prepuberty boy about which an experienced colleague consulted with me. We collaborated on examination of the daily material and decisions as to interpretations.

many ping-pong balls as possible. One son brought back two round, bloody things, and said: "I thought you meant King-Kong balls".' Lee's associations revealed a wish to kill his father, take away his power, and prevent him from making any more babies. It is of interest that he chose the testes, not the phallus, as the site for castration.

He mentioned a fantasy involving a man who put a special lotion on snakes and tarantulas so they could come up through the floor in a pipe to the back of his bed. His associations were to a hollow branch of a tree, and a nest with a mother bird sitting on eggs. He talked of a fantasy twin who threw eggs when he got nervous. While he talked his eye tic increased.

He next brought in a transistor radio which he had secretly torn apart. He wanted to get at the magnet in the radio 'that keeps things in place, because if the parts scatter they lose their power'. His association was to scattering glass which at one time had injured one of his eyes and threatened his vision. As he discussed this his eye tic reappeared and his eye widened. He jumped up and down on the couch speaking of his confusion of gender in French, for which he blamed a woman French teacher. He mentioned Jason and Medea, and Medea's acts of destruction. He seemed to think that the male potion which protected the tarantula in the preceding fantasy was more protective than the female magic, an idea also expressed by other boy patients.

Most interesting was an idea about a dummy he had made out of his gym clothes. Although it appeared that the dummy could not see because it had no head ('he lost it in an accident'), it really could see because its eyes had gone down into its stomach. This is a clear example of substitution of one part of the body for another and certainly indicative in a symbolic way of Lee's preoccupation with the activity of his testes which had in fact gone up into his 'stomach' rather than down.

These fantasies made it fairly clear that this boy was experiencing prepubertal sensations in his testes, probably because of his accelerated physical development. Certainly he seemed con-

cerned about their retractile movements and regarded them with considerable anxiety. This was interpreted to him by referring to the story of the dummy. As he told the story his eye tic increased; it was pointed out to him that one part of the body was being substituted for another. He responded with a story with anal overtones. A boy hid a box of chocolates, each individually wrapped, under his bed. He unwrapped foil after foil and finally found only one little chocolate ball at the bottom of the box. He ate the piece and everything he touched turned to chocolate. Further details suggested fears that a bowel movement or a testicle would fall off, evidence of confusion of anus and testes during the period of migration of his testes.

Gradually he began to insist that he could control all the movements of his body; as he said this he clutched his pants. When the interpretation was finally made that perhaps the movement of the eyes in the dummy and his own need to control movement might have something to do with the uncontrollable movement of his own testes, he sat at a table swinging his legs back and forth and expressed pleasure that this movement of his legs did not interfere with his concentration; he could even spell difficult words while doing it. Further verification of the interpretation came when in subsequent sessions he spoke of powder-caps exploding—'the higher they drop the more they explode' and if dropped from the twelfth floor all the caps would explode. A discussion of the danger of falling and moving things brought recollections of his former constipation and the enemas he had been given. But not as yet did he verbalize an awareness of anal and testicular sensations as connected with each other, even though his story of the chocolate ball suggested anal-testicular components. Probably his regression should have been interpreted: he talked of bowel movements when his analyst and I talked of testes. Queries about sap in a rubber plant led to his concern with his semen and sperm.

Slowly his productions became more focused. He brought his 'monsters' into the analysis. The most dangerous monster had a particular weak spot: he could be killed only by an arrow in the

eye. Another monster was just one big crawling eyeball. Alternating with these were stories of Narcissus. He showed that he felt like a monster by the distorting movements of his facial tic, which constituted a narcissistic injury. He also discussed his throat-clearing tic, which led to interpretations about fantasies of fellatio. He thereupon threatened to stop therapy but returned for the next session with the remark that it really takes 'guts' to be analyzed.

He finally brought his kit of monsters but did not want his teacher to see the one creature that really was most anal-testicular. This was a spider, which reminded him of an insect more deadly than the tarantula—'it has a sac full of poison which feeds a poker that is an extension of its tail, and penetrates in an attack'. The description is reminiscent of other boys' comments that the testicle enters the vagina and may be destroyed there. This 'insect' was an utterly undifferentiated creature whose most prominent feature was an eye. Early in the analysis, he had indicated hostility toward the udder of a cow, which he visualized as an attacking, threatening object. It seems that he similarly regarded the sac and testicles as the threatening, destructive agent of penetration. Breast and testicles appeared to be equivalent; in fact, Lee showed that the 'creature' was bisexual by calling it an 'in-between creature'.

There followed vigorous destruction of all the monsters he had assembled. He then stretched out on the couch and did calisthenics, using a pillow to toss about with his feet. He placed his torso on the couch and raised his feet to an upright position while balancing the pillow, a type of posturing I have come across in other cases. In these exercises he was showing his anus and testicles. (It seems more difficult for a male than a female therapist to recognize such activity, common in boys, for what it is and to interpret it.) After this there was a remarkable diminution of the tics, and having begun to free himself of the 'bisexual monster', he was now able to display more frankly phallic masculinity.

He made a 'moon goon' which could change in size from a

fraction of an inch to one thousand feet but was in control of all its changes. He agreed that it would be much easier if boys, like the 'moon goon', could be in charge of all changes and could control just when they feared an inability to control. He added how nice it would be to be able to predict, regulate, and know what is changing. As he said this, the ticlike movements of his eyes and face reappeared. The changes in size could be considered phallic, but in its present context, and with the appearance of the ticlike movements I would be more inclined to interpret the testicular component.

Shortly thereafter he hung a woven wastepaper basket from the door for a basketball game, repeatedly throwing a ball into it. During this period he expressed his preference for daydreams, which were under his control, over nocturnal dreams, which were not. After showing a secret rock collection, he narrated a fantasy. 'I am in a basket as large as this office, which weighs one ounce and is attached by a cable to an airplane. When the plane is a thousand feet high, a crane inside the plane releases the basket from the same place where a plane would drop bombs. The basket can never come off because it is attached to the plane by this cable. I sail through the air at six hundred miles an hour—it is scary but fun! There is a glass hood over the basket. No one can manipulate this basket but myself—I push the button that releases wings on the basket, and then push another button that does away with the wings and replaces them with a motor of a million atoms so they never have to get refueled, and stay in perpetual flight. One special tablet serves as food for one year. The cable remains attached to the plane and is pulled back into the plane as the basket takes off. "I'm on my own!".'

Despite the testicular anxiety apparent in the boy, the therapist viewed this fantasy as expressing a wish for rebirth, with the patient in control, by which he became an individual, independent of those who had formerly controlled him and upon whom he had felt dependent. Only after a review of the fantasy did it become apparent that his concern with getting

things into the basket might really be his concern with his testicles entering and leaving the scrotum. When he was told this and the fact of his bisexual confusion, he listened quietly and his eye tic diminished further. It was suggested by me that he go to his pediatrician for a check-up.

A period of acting out now began. Before his sessions he began to roam about the avenue where the analyst lived, wishing to gain entry into the various apartment houses. At first he thought about getting in through back, unguarded entrances but this he rejected as too 'sneaky'. He wanted to explore the basements and roofs rather than gain entry into specific apartments. He preferred to enter through the front entrance, but this meant gaining approval of the doorman. Interpretations concerning the superego and fantasies of entering the analyst failed to reduce the activity. The walks continued; he came into sessions quite noisily, and told jokes with anal overtones.

During one session he expressed a wish to ignite a firecracker and pointed out its disintegration as it exploded. Reference was made to swelling testicles and penis, and his fear of their exploding and disintegrating. He sat quietly making a 'wierdo', an amorphous shape with two dots on the top. His association to these two dots was the accident he had sustained with the exploding glass and near injury to his eyes (the two dots). It was related to his more immediate concern with his two testicles.

At this point his parents reported that a physical examination (preparatory to his going to camp) had revealed that one testicle was undescended. His physician had routinely examined the testicles during previous general examinations but had not mentioned this condition, according to the parents. But the pediatrician later told me that the boy had migrating testes and that he had reported this to the parents. Their defense against this disturbing information had been denial.

Lee complained to his parents at this time that boys in the neighborhood rejected him; he preferred the company of a tomboyish girl. His teacher noted a slight worsening in his school work and commented that it was not as neat as usual, sug-

gestive of regression to anality. He had been told by the pediatrician to take a warm bath and then attempt to feel his testicle. He reported to his analyst that all was fine.

He rushed into the next session, spoke of his tomboy friend, and said he liked her better than boys. He was informed that the analyst knew of his visit to the pediatrician and of his findings. It was suggested that his roaming about in her neighborhood might indicate a search for his lost 'ball'. He said nothing. Then he demanded to know the sources of things used in the office, such as clips and rubber bands, and how much they cost. He took apart a motor, became restless, aggressive, and hostile, and made derogatory comments about women who did not give him license to practice his birthright, his masculinity. His analyst now told him that he was disturbed over his unstable equipment which did not stay in place, and that he was trying to get things to stay in place. He retorted by aiming spitballs out the office window, demonstrated his strength by breaking a board over his knee, and left a doodle on which he wrote 'a boy is made' (he subsequently insisted that it said 'a boy is mad').

He finally confessed that he was not really sure whether or not his testicle was descended, that he did not understand what the pediatrician really meant him to do, and that he had merely told his father that everything was fine. Nevertheless, whenever the matter of testicles was mentioned, and especially when an attempt was made to link it to possible anxiety about going away to camp, he responded by exaggerated phallic behavior—throwing sharp things, interspersed with regressive anal behavior—, messing up the office, profane language, and frequent visits to the bathroom.

He then chose to play tiddly-winks, and one could inquire whether his own 'tiddly-wink' had returned to the 'basket'. He admitted that it had not and said he did not know what the pediatrician meant when he urged him to 'feel'. He then insisted that the analyst do all the talking and ask no questions but explain to him about the testicles. He inadvertently admitted that his association to testicles was 'piss'. He remained restless,

told more jokes, and remarked that he had always thought that 'fuck' had to do with 'pissing'. During this talk about 'jokes' he laughed and said, with lessened anxiety, that he could laugh his head off when the analyst talked funny about getting his 'balls into the basket'. (As he said this he sat cross-legged on the couch, bouncing a ball back and forth from a cushion between his legs.) He next began playing 'peek-a-boo' behind a bolster. The analyst remarked that perhaps his testicle was playing 'peek-a-boo'. He checked to see if it was peeking. He punned 'freak-a-boo' and offered the definition of a freak as an oddity of nature—something that has something extra like eleven fingers (a reversal of his actual condition; something was missing). Werewolves, he said, are females with great power, and might change males into females. Therefore the best policy would be to identify with such a powerful female. He went on to say that he did fear being changed into a girl by his analyst, a fear the author has heard prepubertal boys express when they become aware that their testes have begun to change in size and sensitivity.

Although much of the detailed working through of this boy's analysis has been omitted, we see clearly how the prepubertal boy shows evidence of castration anxiety referable to his testes. He uses ball games as the symbolic expression of his fears. His references to the eyes are obvious. He regresses to anal behavior each time reference is made to anxiety about his testes. His denial mechanisms are repeatedly evident. Subsequent displacements to phallic activity are equally evident. Lee's conflict about bisexuality has thus far been characteristic of the prepubertal boy. He unconsciously equated breast and testicle, showed fear of becoming female and hostility toward females, particularly mother and therapist and, what is most important, his associations began to flow freely as he was made aware of his anxiety about his testes and their movements. Confirming our clinical observations was the report from the pediatrician verifying the retraction of his testes into the canal, which necessitated a 'milk-

ing out' of them concurrent with the material just reported.

Shortly before his departure for camp he verbalized fears which we know to be typical of the cryptorchid boy (Lee was not a true cryptorchid)—that other boys would make fun of him or consider him a sissy. On his return from camp he brought a red rubber ball which he banged on the wall. He would not talk except to say that he had not enjoyed the summer, particularly swimming in the lake. His play with the ball suggested certain questions to me. Had his testes retracted again? (Jumping into a cold lake could make this happen.) Had the boys teased him about being a sissy? He insisted that he needed a gun and demanded that the analyst talk to his parents about this. This sounded to me like a displacement to the phallus.

Again I advised examination by his pediatrician, who reported that although the testes were in the sac as Lee undressed (which he was reluctant to do), they both retracted into the inguinal canal as soon as the pediatrician attempted to examine him.

To have failed to insist that he visit his pediatrician at this time would have been gross negligence. Here we have an instance of how imperative it is that the therapist of a boy in prepuberty bear in mind the condition of the patient's testes. Connolly *(7)* reports that steadily increasing damage occurs in maldescended testes as puberty progresses. He considers that 'watchful waiting be classified as obstinate inactivity, since its only proved efficacy is in cases of pseudo-cryptorchidism when time corrects the diagnostic error', i.e., when pseudo becomes true cryptorchidism. Connolly also states: 'From six years on there are gradually increasing changes apparent which become marked between ages nine and eleven'. Hence when testes are migratory but still fall within the norm—that is, are not actually cryptorchid—we must be extremely careful to notice any indication of prolonged periods of retraction that may eventually impair function. Lee was clearly aware of movements and changes in his testes, and he gave numerous hints of his condi-

tion. Tragic examples can be cited in which cryptorchidism has been neglected in spite of numerous references to it by the child that should have alerted the therapist.

Others have reported that child patients played games of balls disappearing and appearing, but this seems to have been interpreted as pertaining to the penis. Sterba *(19)* has described a two-year-old boy with psychogenic constipation who certainly had masturbatory fears relating to his phallus but was also distressed about his anal and testicular movements. The boy was interested in his father's and other male's 'behinds' but showed no interest in penis and urine. His excitement when given a big, long, red, sausagelike balloon was great. He cried out: 'I'll make two little sausages on top of it'. Evidently he was an excellent observer of male anatomy. His game with wooden beads, which he called the 'bally game', was similar to that of a nine-year-old boy reported by Beiser *(2)*, whose school phobia was precipitated by a second herniorrhaphy. The child's first repair of bilateral inguinal hernias had occurred at four. He too played games with balls, especially a repetitive game in which little clay balls magically disappeared into a clay sac, which he had slashed in several places, and then reappeared from it. This seemed to express his wish to know what had happened to his testes during the two hernia operations and to be an attempt to master his fears about their disappearance.

I am reminded of another boy in psychotherapy, aged nine-and-a-half, who after an episode when he was either 'goosed' or assaulted by an older boy refused to go back to the park where he had had this experience. He played with a younger boy and wet at night. He brought in drawings of a tank which had two round appendages at the rear with an opening below. The rear part, he said, was the most vulnerable part. He went on to speak of fears about his own 'rear' and what could happen to it. He asked about seeds and babies. Does a boy keep his seeds all his life? A father can make one baby with one seed and there is only one in each testicle. As he continued with his conflict about mas-

culine or feminine identification, he was preoccupied with his body, remarking that his testes go up sometimes and when he took a bath he could feel them go down. Like other boys, he expressed the fear that to cohabit with a woman is to lose the testicle. These boys try to strengthen their bodies by running, push-ups, or weight lifting, probably thus attempting to deny testicular anxiety and displace it to the phallus.

Some years ago a nine-year-old boy came to me in a state of panic because of the violence of his mother, who was close to psychosis and terrified him by beating him severely. She complained that he insisted on wearing pants very tight in the crotch. During his treatment, hour after hour was spent on one game: he shot marbles into a boxed-in area. As he tried his skill at this he commented on the great strength of his mother, his fear of her, and his firm conviction that he would 'never be as strong as my mother no matter how strong my muscles become'. The testicular retractions induced by fright over his mother's violent outbursts caused him to wear his pants tight in the crotch so that his testicles would not move; such movement suggested that they might fall off.

SUMMARY

It has been shown on the basis of biological data, direct observation of boys, and psychoanalytic case studies of prepuberty boys that the physiological changes occurring in the testicles and scrotal sac at prepuberty, separate and apart from the phallus, play a significant role in the psychological development of the boy, particularly in the resolution of his castration anxiety and his problems of bisexuality.

We have seen that prepuberty begins well into the period we customarily refer to as latency, comes later in the boy, and extends for a longer period of time than for the girl.

The testes change more than any other endocrine organ in the body. They change in weight, volume, color, sensation, and function; they become sensitive to pain, and produce an ejacu-

late. The penis enlarges but retains its original function as a pleasure-giving organ.

The prepuberty changes in the testes, plus their tendency to move with fear, cold, anger, and defecation, as well as with the increased sexual arousal of this period, are in part responsible for the boy's increased castration anxiety, which is often displaced to the phallus. Testicular movements also revive the earlier pregenital castration anxiety vested in an anal-testicular amalgam, previously postulated. The regression to anality takes place along this path. Because of their position as a bridge between anus and phallus, the testes also become amalgamated with the phallus during phallic primacy, and are associated with fears of phallic loss.

In our case material we have seen that the awareness of such movement of the testes stimulates castration fantasies in the prepuberty boy which may be analyzed if one is attuned to this material.

In so far as problems of bisexuality are concerned, it has been indicated that the rapid growth of the testes in prepuberty stimulates pregenital fantasies about having breasts, becoming female, and bearing children. The defensive turning away from the female, the feelings of hostility and envy, have likewise been discussed and shown in the case material. The turning to the male at this point, with the possibilities of later homosexual object choice, has yet to be worked out in detail in this connection.

There is considerable evidence in analytic literature that boys are concerned about their testes, both in the pregenital and prepubertal periods. They continue their preoccupation in puberty and adulthood as well.

Thus the organ that is the seat of so much anxiety, is so uncontrollable, connotes dirt, shame, and femininity as well, will not readily be kept in consciousness. It is not at all surprising therefore to see the massive repression, denial, and displacement to the phallus that we find in analytic literature. A preponderance of anality along with these defenses should be a signal for prob-

lems involving the testes with all the implications we have mentioned. We have tended to overplay the role of the phallus, reenforcing defenses of repression, displacement, and denial, and completely neglected the rest of the male genital, which constitutes two-thirds of the whole. Let me repeat, however, that what has been said in no way minimizes the role of the phallus; we simply want to include the total picture of male castration anxiety and bisexuality.

I have stressed detailed physiological changes because they play so integral a part in psychological development and have been so overlooked. It goes without saying, and has been mentioned, that the psychological content of the œdipal fantasies occurring during the phallic œdipal phase, prepuberty, and puberty will influence penile erections and retractile movements of the testes. Our case material shows this. Likewise in a circular way the physiological concomitants will further intensify the existing castration anxiety of any particular period mobilizing increased defenses.

Finally and most important we have indicated how imperative it is for the therapist of the male child, particularly the prepuberty boy, to be aware of material referable to the testes and scrotal sac.

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THE SENSE OF MALENESS

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For most psychoanalysts it is axiomatic that the development of male sexuality is dependent on how the little boy manages the fantasied dangers and pleasures of having a penis. His pride in the power of his penis and his growing awareness of its value as a source of physical pleasure are threatened by his knowledge that there exist penisless creatures and his fear that he may be made into one. Recently there has been increasing discussion in the literature, especially by Greenacre *(2)*, of a period of phallic awareness earlier than the classic phallic stage. It is likely that from birth the infant boy becomes more and more aware of his penis, first by feeling that it is there and later by endowing it with meaning.

The two theses here presented are derived from these beginnings of phallic awareness. The first is that the sense of maleness—the person's unquestioned certainty that he belongs to one of only two sexes, the male—is permanently fixed long before the classic phallic stage of age three to five. The second is that although the penis contributes to the sense of maleness, it is not essential. It should be noted that neither of these theses contradicts the importance, as contributions to the boy's developing masculinity, of the phallic stage or the œdipal conflict and its resolution.

By the sense of maleness I mean the awareness, 'I am a male'. This essentially unalterable core of gender identity is to be distinguished from the related but different belief, 'I am manly (or masculine)'. The latter attitude is a more subtle and complicated development. It emerges only after the child has learned how his parents expect him to express masculinity, that

Presented at the Sixth Western Divisional Meeting, West Coast Psychoanalytic Societies, September 28, 1963, in San Francisco.

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is, to behave as they feel males should. He will also have some idea of what it means to be feminine, to the extent of having such fantasies as 'I should like to have a baby', or 'I should like to have breasts', the sort of wishes that make up part of the 'latent homosexuality' ubiquitous in many cultures. But the knowledge that 'I am a male', with its biological rather than gender implication, starts developing much earlier than either the sense that 'I am masculine' or such disturbances in gender identity as 'I am feminine, I am like a female'. Such attitudes cover over the core gender identity, but it is nevertheless present behind them. Transvestitism is a clear example of this: a man with a sense of being feminine while 'cross-dressing' is excitedly aware of being a male. Essential to his perversion are the two aspects of gender identity—the later one, 'I am feminine' and the earlier core gender identity, 'I am (nonetheless) a male'.

The sense of gender identity (that is, of being male or female) in the normal individual is derived from three sources: the anatomy and physiology of the genitalia, the attitudes of parents, siblings, and peers toward the child's gender role, and a biological force that can more or less modify the attitudinal (environmental) forces. It is not easy to study the relative importance of each of these factors in normals because one factor cannot be dissected from the others. However, certain rare patients provide such an opportunity as is shown in two boys, both born without penises, who yet seem to have matured with no question of their core sense of maleness.

The first patient, genetically normal, was born with no external penis but with bilateral testes in a bifid scrotum which resembled *labia majora* and *labia minora,* and with a perineal urethrostomy. He was given a boy's name and reared as a boy. Severe right hydronephrosis with infection and fever in the first three months of life led to removal of the diseased kidney at ten months. The perineal urethrostomy at this time was shifted so that the new urethral meatus was approximately

where the penis would have been. The bifid scrotum was left unchanged. He has a normal prostate. For four months after surgery, he did well, but in his second year, because of recurrent infections, an indwelling catheter was placed in the bladder to preserve the remaining kidney. This instrument has remained almost constantly to the present.

Before he was born, this patient's mother left his father, who dropped completely out of the child's life. Some months later she remarried, so the patient and his three-years-older brother now had a stepfather and a stepsister, the patient's age. The stepfather quickly took an active role in the family. A masculine man, he has served as an excellent object for the child's identification processes. Therefore, in spite of the early dangerous illness, the surgery, the unending medical attention, and the constant presence of the catheter, the patient, now four years old, is considered by both parents to be a psychologically normal boy. They compare him to his seven-year-old brother who they consider more sensitive, more shy, and a little effeminate. The patient is described as rough, active, and unquestioning in his status as a boy; he enjoys playing football and baseball with his father as well as wrestling with his older brother and sister, these vigorous activities being surprisingly little hampered by the catheter and bottle he carries with him. To quote his mother, '. . . he likes to wrestle and box. He likes all kinds of sports—likes to watch sports on television, and he told me that he wants to be a wrestler—big and fat—when he is big. He plays with dolls, but when he does, he is the father and his sister the mother. He is different altogether than our daughter; she can't occupy her time by herself. You can give him a little stick and send him out to play and he can make everything out of that stick you can imagine. He doesn't need other people to play with, yet when there are other children he can play with them. They know he has a catheter on. They have seen it and they accept it and treat him like he was a boy.

'At first I was real shook up about all this because I had never heard of anything like it. At the time he was born my first hus-

band and I were on the verge of divorce, and at one time I even thought about giving the baby up for adoption before he was born, but I changed my mind the minute I saw him. He dislikes anything that looks girlish to him—any kind of shirt that even looks like it might belong to a girl—he wants everything boy's. He will play in the den by himself. Sometimes he is Superman. He will mimic quite a bit; in other words, when it comes time to comb his hair, he will comb way back like his father. . . . Someone may hit him hard and really hurt him and then he will come to me and cry, and I will say, "Go fight your own battle". One day he was mad at his brother for something—let him have it in the stomach and took his breath away. When he gets mad he has a temper, but he treats his sister pretty well; he doesn't fight with her.' His stepfather reports, 'He likes to go down to where I work. I think he wants to be like me.'

Of his catheter and its collecting bag, his mother says, 'For a while, I had to talk to him about showing it to everybody. He would lift down his pants and show it to everybody and I had to tell him that you just don't do that. He was proud; to me and everybody else he gave the impression that he was something special because he had this and they didn't. He thinks the tube is part of him. When they took the tube out for four months, he missed it. I think he missed it because it was part of him. He wasn't uncomfortable. After they took it off, they also took his bottle off. Every night he would go to bed and would want to take that bottle to bed with him even though the tube was not actually in.'

The patient loves to imitate his stepfather, who has a gun collection; the little boy imitates him with his own toy guns. His stepfather manages a gas station; the child's favorite game is 'gas station', digging in the dirt, building a station with blocks, or using the cat's tail as a gasoline pump. Obviously this interest is overdetermined, being influenced not only by his stepfather's business but also by the tremendous interest and concern with his own 'gas pump'.

The parents are convinced that he would not wish to be

changed to a girl. Some months before I saw him a urologist suggested that perhaps he should henceforth be raised as a girl. His sister was present during the discussion. The patient's mother later heard her telling him that he was now going to be a girl and he said very vehemently, 'No!'. His mother told him to pay no attention to her. He has never again mentioned it.

In summary, the parents clearly describe a little boy with a masculine identity shown in his relation with his mother and stepfather. Father and mother appear to have no significant problems in their own gender roles. The appearance of the child corroborates all the information the parents give. He is an alert, friendly, intelligent, warm, and unafraid child, so openly likable that one cannot adequately account for his obvious ego strength in the face of the continually traumatic medical experiences except by attributing his excellent mental health to his good luck in the parents he has. He talks easily of the games he likes to play–baseball, hunting; of his toys–trucks and gas stations; his relationships with his sister and brother–the games of house in which he says he always plays the part of a father, his sister the mother, and his older brother the policeman. He talks a great deal and with great pleasure about his dog, his puppies, his cat, and his chicken. In appearance, mannerisms, and expression of interests, he leaves no doubt that his gender identity is well formed and he is unquestionably masculine.

When asked why he was in the hospital, he picked up his tube and held it out to be seen. When asked why he had the catheter, he replied, 'Because I was born . . . in October'. Thus he revealed not only his knowledge but also his method of dealing with it and of trying to get it out of his mind. It is impressive that this child who has been severely handicapped anatomically, who has been subjected to many medical and surgical experiences, who knows he is abnormal and ill, whose mother was divorced early in his life, has nonetheless progressed in a remarkably normal manner in his general psychological development and, more specifically, in his development as a boy with masculine identifications. It is a tribute to his mother and his

stepfather that all this has been accomplished in the face of such great obstacles.

Some experts in the Medical Center recommended that the child be converted to a girl and that the parents' efforts be devoted to assisting him to transform himself into a woman as the years pass. This recommendation was made because of all the surgery required to construct an adequate penis which, even so, could never have a sexual function. However, because he was so clearly masculine, because it was believed that his gender role could not be shifted by means of psychotherapy or other learning, and because his life span will not be very long by reason of the disease in the remaining kidney, the psychiatric recommendation was that he continue to be a boy. The parents were relieved by this recommendation, which has been followed by the attending physicians.

The second boy, now fifteen, also was born a genetically and anatomically normal male except for having no penis and a perineal urethrostomy. Both testes lay within a normal scrotum. He is the youngest of four children, the oldest a mongoloid, the others a normal girl and boy. Before the patient was born, his mother was no longer interested in having more children. Given the proper assignment of sex at birth, he was raised as a boy without question by a relatively uninterested mother and a natty, bejeweled father who was a perfume salesman.

Beginning at one and one-half years, this patient was in the hospital six times in five years, the last time being for three years unrelieved by a single visit home. His many operations, a laparotomy followed by repeated plastic procedures, resulted in a phallus which a urologist has recently described as a 'monstrosity of unearthly appearance'. It is not surprising that in adolescence his behavior became a problem at school and in his neighborhood. He has also created a fantasy life which in times of stress spills over into real life in a paranoid manner. 'I am the grandson of God and maybe I am the Messiah', he said in white-faced, fear-ridden rage in a critical moment in treatment.

Out of a mass of clinical data related to the development of this boy's gender identity only two observations directly pertinent to a sense of maleness will be discussed. The first of these is concerned with the patient's 'homosexuality'. Since the age of seven he has played with neighborhood boys sexual games that have evolved into ceremonies with rules that must be maintained. For example, in one called 'The Pull' each of the two partners pulls forward on the other's penis in order to produce pain. The first to cry out in pain loses and must do to the other whatever he asks. Although the patient, with his skin pedicle, feels no pain, at times he cries out. Both children know this is a false cry, but neither ever admits it. In the mutual masturbation that follows, the patient usually permits his partner only a few minutes—timed by the watch—for he does not want his partner to have an orgasm. After this, the partner has to do exactly the same for the patient (except with anal intercourse which the patient cannot perform because the skin pedicle has no erectile ability). It is clear from his descriptions that a main purpose of these activities is to force the partner to treat him as if his 'penis' were as good as one that works (a mechanism of 'proving' the penis that seems related to the dynamics of exhibitionism). Besides using homosexuality in this successful defense against loss of the sense of maleness, these activities, plus a peculiar form of masturbation (described below), are also the patient's sexual life. He scarcely dares to contemplate heterosexuality, though he is friendly with girls. He gets some instinctual gratification from these games though it is scarcely direct, for he has never been able to have an orgasm. He has no genital, perineal, oral, or anal sexual sensations analogous to the genital sexual excitement of normal men but simply feels an increased body tenseness that gradually exhausts itself. Almost every night he has a 'fight', a hypnagogic masturbatory writhing with a blanket between his legs during which he has only homosexual fantasies of being ruler over a man, such as a movie star, and commanding this man to play the 'games'. The patient has never fantasied having an erection or an orgasm. After the

'fight' he wets the bed while asleep. This is accompanied by dreams of the same activities he has fantasied or has actually performed. The elements of these dreams make little recognizable use of such dream mechanisms as condensation and displacement.

There is a second factor in this patient's life that he uses to augment gender identity: knives. This is not simply the interest in knives seen in so many boys; though it has the same psychodynamic meaning, it is more intense and concrete. Much of the child's personality is expressed through knives. Each has a name, a different function, and a different hiding place in his room. All, of course, are used for a language of aggression. For example, the knife, 'Uncle Eddie', is always placed in a special pocket of a special knapsack. When the patient is angry at home, he takes the knapsack from a shelf and rides off on his bicycle. He rides once around the block; if he then throws knapsack and knife on the lawn, he is only moderately angry; if he rides off with knapsack and knife, he is very angry and will be gone for an indefinite number of hours in an unknown place; if he throws the bare knife on the lawn serious trouble lies ahead.

Obviously he is a very disturbed child. Nonetheless, for all his disturbances in ego functions and problems with formation of an identity, his core gender identity is intact. He has no question that he is a male. For him, the critical issue is that although he is a male, he is a very defective one. Both his normal development and his psychopathology are aimed at repairing the psychological damage or learning to live with it, not in becoming a female. He does not offer himself as a female to his sexual partners, nor is he feminine in appearance or action. His 'homosexual' activities are, rather, a pathetic and grandiose attempt to insist to other males that his 'penis' is as good as theirs. He of course does not really believe this but in the real-life fantasy of these sexual games there is at least the momentary belief that he is intact.

DISCUSSION

These two cases are presented as evidence to support two theses, that the sense of maleness (or core gender identity) is present and permanent from earliest life, and that the penis is not essential to this sense of maleness. A variety of psychological and biological forces causes the male child to develop from birth an increasing awareness that he is himself. This 'himself' includes an awareness that he belongs to a gender, and early in life he recognizes that not everyone belongs to this gender. Later he learns that not everyone possesses the prime insignia of this gender—the male external genitalia, a disturbing discovery. By this time, he knows he is a male (whether a masculine one or not). Normally the male external genitalia are a sign to the individual and to society that this is a male, but they are not essential to producing the sense of maleness.

It follows from this argument that clinical states in which there are fantasies and behavior of a feminine sort—both in normals and those who develop perversions—are not evidence that the core gender identity, the sense of maleness, has been made uncertain, but rather that these fantasies and their behavior overlie and hide the core gender identity. For example, behind Schreber's delusion that he can give birth as a woman to God's children is that unalterable knowledge against which, in part, he raises the delusion as a defense, his awareness that he is a male.

The four-year-old boy shows us that the sense of maleness is established before the fully developed phallic stage. His parents report that his behavior well before the age of four was decidedly masculine. It is apparent that the child is not simply normally masculine but has had to exaggerate his masculinity because of his parents' fears that he might not be sufficiently so as well as his own independent discoveries of his defectiveness. Nonetheless, although the expressions of his masculinity are intensified, his sense of maleness is unquestioned. Establishing a sense of maleness seems to be more difficult without the proper

genitalia, but obviously it can be done. However, it is not necessary to turn to this boy to demonstrate the thesis, for observation of any normal child of either sex of one and one-half or two years shows that clear distinctions are established very early between the gender roles of the two sexes. The second thesis, that the penis is not necessary for a sense of maleness is demonstrated by each of the boys described, for neither of them doubts that he is a male.

It has been said that the core gender identity is produced in the normal by the anatomy and physiology of the genitalia, by attitudes of parents, siblings, and peers, and by a biological force. These three re-enforce each other; to speak teleologically, their redundancy may serve the purpose of more securely guaranteeing the masculinity that will be required for procreation. Be that as it may, the cases presented show that these three factors are not all essential. In our two cases, inadequacy of the external genitalia did not destroy the capacity for a clear-cut core gender identity to develop as long as the parents felt unquestioningly that their child was male.

One question must be raised although it cannot be answered. Though the penis played no part in these boys' gender identities, may not the testes and scrotum have done so? Most theorizing on male sexuality by analysts takes into account only the penis. Bell *(1)*, in a paper not concerned with the problems of identity considered here, stresses the need to consider all the external male genitalia, not the penis alone, in order to understand castration anxiety.[1] We may ask, is not the sense of maleness created by scrotum and testes even when there is no penis? I do not think so, though they undoubtedly contribute, at least by confirming to the parents that the ascription of maleness is proper. But this opinion requires support from clinical evidence—the study, for example, of persons without penis, testes, or scrotum who are nonetheless raised from birth as males. I believe such studies would support an even broader

[1] See also, Bell, Anita I.: *The Significance of Scrotal Sac and Testicles for the Prepuberty Male*, This QUARTERLY, XXXIV, 1965, pp. 182-206 [Ed.].

thesis than the one I have stated, namely, that although the external genitalia—penis, testes, and scrotum—contribute to the sense of maleness, no one of them is essential for it, nor even all of them together. In the absence of complete evidence, I agree in general with Money and the Hampsons *(3, 4)*, who show in their large series of intersexed patients that gender role is determined by postnatal psychological forces, regardless of the anatomy and physiology of the external genitalia.[2]

It is interesting that both the little boy with kidney disease and the older boy with the long period of hospitalization in childhood have, in a psychological sense, created a penis that has the same symbolic, aggressive, and intrusive meaning as in normal males. For the first child, it is his catheter and collecting bottle; for the second, it is his knives. Whether there is a primitive biological (instinctive) need for a penis that tends to compel these children to invent the organ if they cannot grow one or whether such invention is due to psychological pressures, or results from a combination of the biological and environmental, cannot be answered by the data. However, these two cases at least suggest that when a little boy knows he is a male, he creates a penis that functions symbolically the same as those of boys with normal penises.

SUMMARY

In order to substantiate the two theses of this paper—first, that core gender identity (the knowledge and unquestioned acceptance that one is a male) is permanently fixed long before the classic phallic stage, and second, that although the penis contributes to the sense of maleness, it is not essential—I have described two boys born without penises. Both boys are masculine and have clear awareness that they are males, awareness that has been present since they first showed signs of an awakening sense of self.

[2] I would make the exception that the biological forces may at times play a significant role, even outweighing the kind of rearing the child is given (*5*).

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THE HAND AND THE BREAST WITH SPECIAL REFERENCE TO OBSESSIONAL NEUROSIS

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I

CLINICAL DATA

Various data indicate that the grasping and sucking reflexes of the nursing situation are associated from birth in a complex pattern that persists for from three to seven months and, on a habitual basis, is often later in evidence. However, no simple reflex can account adequately for the relationships involved. In breast-fed babies grasping is especially strong at the time of maximum hunger—when the mother with the child in her arms is baring her breast for the feeding—and diminishes as satiety is reached, when sucking movements also fade. All movements are part of a total pattern of the infant's behavior aimed at securing the gratifying object at the time of greatest need. According to Halverson, who studied about two hundred neonates in a hospital setting *(9)*, 'the situation [in which grasping occurs] is a complex of contact, hunger, sucking, odor, taste, and probably warmth'. Certain data point also to the importance of visual stimuli in this setting.

Two of the most notable papers in the analytic literature on the importance of the hand itself in the development of the individual are those of Hoffer *(10)* and Linn *(12)*. Hoffer, on the basis of observations of infants in the Hampstead Nurseries, traces the development of the hands from primarily accessory tension relievers during the early sucking stage into tools for controlling the outer world. 'Considering also the fact', he

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Presented before the Topeka Psychoanalytic Society, November 1960, and before the San Francisco Psychoanalytic Society, November 1961.

writes, 'that the infant places everything that is within reach into his mouth with the help of his hands, the accumulation of experience as a result of the mouth and hand relationship by the end of the first year seems to be rather rich and promising. We can therefore safely assume, that when entering the second year, the infant has built up an oral-tactile concept of his own body and the world around him and regulates to a certain extent by this means his erotic and aggressive (active) drives.'

On the basis of observations on brain-injured patients, the drawings of children (in which, for instance, the upper extremities grow directly out of the face), and such observations as those of Hoffer, and Spitz *(15)*, Linn postulates a primordial face-hand-breast experiential cluster from which the body image emerges through a repetition of the process of discovery of separateness. When the breast is withdrawn, according to Linn, continuity of the cluster is maintained by substituting the hand for the absent breast, and later on, apparently, the hand is also substituted in the body image for the primordial face, which is early fused with both hand and breast. Traces of this relationship can be seen in the brain injured where the hands sometimes act out responses to facial stimulation and where patients may speak of 'the hand of my face' and 'the palm of my cheeks'.

I shall now present data from analytic sources indicating that shadows of this early experiential cluster, as Linn terms it, may be seen in various aspects of the disturbed function of the neurotic. I shall focus particularly on the relationship between the hand and the breast—which I refer to as the hand-breast complex—in cases of obsessional neurosis.

A twenty-six-year-old analysand with classical features of obsessive-compulsive neurosis, including endless handwashing and rituals around *not* touching, frequently fantasied beating people, mostly men, with his fists. He had never carried out such an action, however, and tortured himself with incessant rumination about being a coward because, as a teenager, he

once ran away from a fight. Since puberty he had carried out systematic body-building exercises, and currently presents the picture of a typical bull-necked muscle man. His upper limbs, especially his forearms and hands, received special attention in his body-building program; one of his exercises was to bend a beer can in two with one hand. Despite this prowess, he worried that his left hand and forearm were not bulging as muscularly as he would like. He was obsessed with the desire to steal a look at his hand and forearm in order to check on them, but this was blocked because he felt he must not be caught doing this, especially during his analytic hour. However, he confessed to thoughts of later sneaking a look at his hand unobtrusively—perhaps when walking down the corridor, or in the elevator with some inconspicuous little gesture like pushing the button or reaching for his briefcase, or in the men's room on the lobby floor where he could at the same time, and with the same motion, sneak a glance at his penis, whose size was also a matter of some concern to him.

One might assume this to be a displacement of masturbation guilt, since the patient denied having any particular guilt on this score. However, an interesting twist to the meaning of masturbation was provided by his own peculiar version of the Isakower phenomenon. He sometimes had the vivid illusion, on falling asleep or awakening, that his penis, which he was fondling and which may have been in any state of turgescence up to full erection, was forked, protruding from its base in a sort of V. That this double penis was a breast derivative may be presumed from the fact that the patient's almost invariable masturbation fantasy was of a woman masturbating him, while he fondled her breasts, and urging him to press her breasts tightly at the moment of ejaculation. It should be noted, incidentally, that during the one period when the patient made an effort to give up masturbation, during his first year at college—not out of any particular conscious guilt but because he felt it would give him additional strength physically and spiritually—he also gave up eating meat. Both these renunciations were

vaguely associated with his feeling of being a coward which, in turn, was connected with his feeling that he should not have pleasure or enjoy anything.

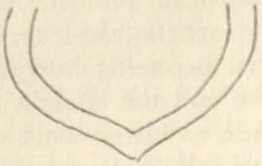
This nuclear feeling of 'badness', discomfort, fearfulness, horridness, anxiety, and general unpleasure, which pervaded all the patient's experiences, was associated with another part of his complex Isakower phenomenon. This was the feeling, also in the semidissociated state between sleeping and waking, of the pressing upward in him, vaguely in the abdominal region, of something he perceived as a dome-shaped structure—he described it as a dome-shaped 'feeling'—which he experienced as 'bad', 'uncomfortable', 'fearful'.

This man's classic obsessional symptomatology, with incessant handwashing and rituals connected with touching and being touched, warranted the usual presumption of a complex of factors involved. Behind almost everything which can be adduced along classic lines, however, may be glimpsed some disturbance rooted in the very early feeding situation. That this involved some interference at that time with the grasping role may be inferred from evidence which developed within the transference. For example, the patient came in one day, after several months of treatment, with a dark, tense look and claimed that he was not sure but what his hand was injured by a cylindrical fiber-glass lampshade which he brushed by on the way to the consulting room. Why must I have such things around? Then he fantasied having got some injurious paint on his hand from painters' pots he noticed in the corridor on his way to my office. This reminded him that he frequently imagines his hand gets contaminated by paint which he 'feels', rather than visualizes, as white and injurious. He then reproached me for my inactivity and wanted to know what I was doing for him anyway. Nothing, as far as he could see. I did not even talk to him, and so on.

In another hour the patient returned, as he did repeatedly, to his rage against a doctor who damaged him by a course of insulin treatments. He conceptualized the insulin as a harmful

poison which was put into him by this malevolent individual who, from his fantasies, was clearly *in loco maternis*. He was consumed by fantasies of throwing acid in this doctor's face, which, in his fantasy, appeared to be generically a breast, or at least part of the early breast-face complex described by Spitz *(15)* and recently by Almansi *(1)*. On one occasion, when the patient was fuming about the poison insulin and his rage against the doctor who gave it to him—it was one of the times, of course, when he felt he was getting absolutely nothing from me—he stated, 'I feel like a hand grenade with the pin pulled out'. In this hand-breast linkage, the patient appeared to identify with the breast onto which he had projected his violent aggression. At another time the shadows on the ceiling reminded him of a giant spider, and then of a giant hand coming to get him, reminding him of his cowardice and fear of fighting which, on this occasion, he referred to as a fear of 'coming to grips' with people.

The patient had many dreams in which oral aggression was punished—e.g., voracious rats killed by poisoned food (which the patient, however, was able to hold safely in his hand)—or in which attacking breast-mother figures threatened violence of one sort or another specifically done by the hands (boxing, barroom fisticuffs, and similar episodes). In one of these an Oriental figure was chasing the terror-stricken patient down a double-curved garden path that met at a tip, thus (the patient's drawing):



The figure was threatening him with a crescent-shaped knife which the patient also described as 'double-curved'. I cite this dream, for which I can give little more than the manifest content, because it offers points of instructive connection with

material to be presented later.[1] Here I will simply say that the crescent, represented in this dream by the 'double-curved' knife (which the patient also drew for me) has a long and varied history as a symbol, one of whose roots appears to be the unconscious idea of the disappearing breast, as, for example, in a crescent moon (which also incorporates the idea of reappearance or restitution). In the present dream the crescent turns up in the hand of a threatening and attacking mother-figure—a clear projection—on a background which the patient recognized at once, when he drew it, to represent the breast.

I do not wish to convey the impression that this patient, with the amount of violence present in his fantasies and dreams (and implicitly in his muscle-building program), was especially dangerous, perhaps meriting 'poisoned' insulin or being held in watchful custody. Actually, his balance between thinking and acting out was a nice one. A good deal of buffering by intellectual defenses provided some guarantee against paranoid inclinations to smash faces with his fists, throw acid in people's faces, and in fact, to blow up or otherwise destroy the world which, in his more advanced *weltuntergang* moods, he always saw as a globe (not infrequently the case with those who fantasy world destruction). His acting out was along other lines. He once ripped the toilets out of a courthouse men's room after being given a fine for speeding.

The nature of his intellectual defenses further supports our hypothesis about the basic roots of this man's difficulties. As a teenager, when so many of his problems had their resurgence, the patient used to draw spheres, shade them, and take pleasure in contemplating them. Becoming interested in mathematics, he adopted the sphere and the straight line, which he saw before him out in space, as his personal symbols, the crest of arms of his intellectual self. This contemplation had, at this time, a pleasant quality. But with the crucial incident of his

[1] I would like to state emphatically that I do not hold with those who misapply Freud's warnings against interpreting solely from the manifest content to the extent of refusing to derive any information at all from such data.

running away from a fight, which occured in his last year in high school, came the coalescence of all his feelings of 'badness' with his shame at being a coward. Not long afterward, as his obsessional and handwashing rituals took over and became more deeply grooved, there was flight into mental physics, yoga exercises, attempts at astral projection—all efforts to dissociate himself from his 'bad' body—and vegetarianism which, as indicated earlier, came when he also attempted to give up masturbation. This stepped-up defensive program culminated, not surprisingly, in a psychotic breakdown during which he was hospitalized and given the above-mentioned insulin treatments. His visual sphere preoccupation seemed to have receded or disappeared at this time. Recovering from his psychosis, his interest in mathematics, augmented by his rigid intellectual and compulsive-obsessive defenses, developed into an interest in philosophy, particularly symbolic logic and epistemology.

One day, at the age of twenty-four, the patient was reading Kant's Critique of Pure Reason when he came across the word 'sphere' used in the sense of subject or domain. This reminded him of the pleasure he used to take in contemplating the sphere as the perfect form, but now he found that he could contemplate only the word 'sphere', not the form itself, and that whatever pleasure he derived from even this was alloyed by a feeling that he should not have such enjoyment and that he should be tortured or punished because he was a coward. This soon developed into anxiety amounting to panic when the visualization of the word 'sphere' was sometimes accompanied by fleeting images of the form itself. When the patient tried to suppress the visualization of this supercharged form, in an effort to deal with his intense anxiety, he began to worry about whether he visualized it correctly or perfectly whenever it succeeded in slipping into his thoughts anyway. He tried to deal with this, in turn, by substituting looking at his hands for looking at the sphere, but obsessional doubts invaded this activity too, and he began to torture himself with incessant rumination about whether or not he did this right, or correctly

performed rituals connected with the hand, such as washing them in a certain way. With the return to the hands, and the feelings of aggression connected with it from which the patient was attempting to dissociate himself, the sphere, one might say, came full circle.

In one climactic stage of the patient's third year of analysis he went through a brief period of aching teeth and jaws. This was followed by a stage in which his left hand became the anguished and painful respository of all his almost ineffable 'bad' feelings, as if *it* were experiencing these twisted and involuted tensions, anxieties, and affects while, at the same time, persecuting and torturing him with them. This lasted several months. When the patient finally cut himself off from the financial help he was receiving from his mother and tried to pay for further analysis himself (he had to interrupt his treatment at this time in order to secure himself in a position to do this), these symptoms virtually disappeared overnight. In their place, in this period of critical decision, he went around squeezing a hard rubber ball—to strengthen his grip, he explained. On the day he announced his decision to 'let go' of mother he came to his analytic hour pumping away at his rubber 'sphere'.

I had the opportunity during this man's analysis to interview his mother, for whom, at the time, he had only feelings of contempt. She confirmed my suspicions of a very early disturbance in the nursing situation by informing me that she had had to take the patient off the breast at two weeks because she had dried up, and had turned him over to a nurse. According to her, the switch was accomplished without difficulty and the patient proved himself to be a very good and quiet baby who slept all the time, a story which obviously cannot be taken at face value since the mother may very well have been describing a primal depression.

The question arises as to why there was not more manifest orality in this patient. Actually, the only symptoms directly referable to the oral sphere (outside of what was mentioned as developing briefly during his third year of analysis) were his

transient teen-age period of vegetarianism and his compulsive habit, which developed sometime later and has persisted to the present, of drinking exactly twelve glasses of water daily—not eleven and not thirteen. (This number, I have been told, has been recommended in army manuals.) One might consider, however, the close connection between early feeding difficulties, the presumably associated disturbances in the development of reality testing functions, and the later development of interest in logic and epistemology. It was not difficult to understand this latter as an attempt at control of the mother which at the same time provided one kind of buffer against object loss by reducing concepts, sensations, feelings, and experience in general to invariant and constant elements and symbols. Indeed the word and the symbol became for this patient, as for so many obsessive individuals, magic things to conjure with and the ultimate factors in control. But while this succeeded in getting mother into a straightjacket, inevitably it left the patient a sort of skim-milk mother in all his life investments and relationships. (You can't *not* have your mother and eat her too.)

I might mention that the patient's present professional activity is in programming giant computers which, with the intermediate implementation of logic and mathematics, is still not too far from counting on one's fingers. ('This little piggy went to market, this little piggy stayed home; this little piggy ate roast beef, and *this little piggy had none*'.) He has come a long way from some of his original complaints but, by way of reassuring himself that he has mother just where he wants her, he still occasionally gives himself over to wild fantasies of virtual control of the world and even of destiny by means of computer designed and mediated automation. This would appear to be morbid in the extreme if it were not that such fantasies are about par for the field as can be seen from almost any textbook or symposium on this subject.

Before going on to a second obsessional analysand with somewhat similar difficulties—again someone interested in episte-

mology, as it happens—I should like to say something about a peculiar symptom of another patient that reminds one of the masturbation fantasies of the patient just discussed. This man's disturbances—he was a severe obsessional with a paranoid schizophrenic underlay—had first shown up, in childhood, with eating difficulties, obsessive spoon wiping, fantasies of contamination and vomiting, the last only in the presence of girls and women. His mother, who later had a mastectomy when the patient was ten, had removed him abruptly from the breast at six weeks, when she developed an abscess. At this time she disappeared for six weeks when she went away to convalesce, leaving the patient in the charge of a nurse. The patient was full of oral symptomatology, both direct and transformed into various symbolic and ritualistic forms, including oral reaction-formations. One of his most interesting symptoms, however, and one bearing directly on our hypothesis, was the fact that he masturbated only intercrurally, claiming never to have learned to use his hands; the idea, he said, had never occurred to him. When he finally began to use his hands for masturbation—an idea he attributed to me—he considered this to be nothing less than a stroke of genius, an invention easily on a par with the cotton gin or the latest advances in automation.

The second obsessive-compulsive patient was a man in his thirties who had retired from business several years before when the development of severe fears of contamination by germs followed the death from polio of a young girl, a family friend, whom the patient was putting through school. This girl was apparently a stand-in for the patient's sister who had died some years earlier at about the same age. The excessive handwashing which developed along with fears of contamination by germs left the patient little time for anything except a course or two at the university. One of these was epistemology, which was the fulfilment of a long standing need on the patient's part to learn about how things got into the mind—how the mind got contaminated, one might say. Data from this

man's analysis offers some warrant for presuming here too a connection between the patient's hand symptoms, including the washing ritual, and early feeding difficulties. And in this case too the very development of the obsessional defense, with its characteristically ambivalent investment of the symbol-word-thought trinity, can be traced largely to this source.

This is not meant to suggest that early trouble at the breast was the only root of the obsessional fear of contamination and handwashing symptoms presented by these cases. It is merely an emphasis on one dimension of this complex problem. From the beginning of treatment the patient himself contrived to draw attention to his hands in a striking fashion. After the first few interviews, during which a more or less formal psychiatric history was taken, the patient sank into prolonged and seemingly intractable silences, which sometimes lasted for several consecutive hours despite attempts to deal with this difficult problem by means of conventional interpretive and noninterpretive interventions. The patient would lie immobile on the couch with a sour expression, his hands invariably clasped together, one thumb stroking the other, and he would occasionally make a sort of rooting motion into the pillow with the back of his head. I could hardly help thinking of the patient, so tall, gaunt, and sallow as to give an almost cadaverous appearance, as re-enacting the role of a marasmic child as he lay on the couch in an attitude of complete hopelessness.

Unfortunately no one who might have been able to supply information about this patient's early feeding situation was living, and he himself could tell me nothing directly. His mother had died when he was four, of cancer of the stomach; his four-year-older sister, his only sib, had died at sixteen of acute intestinal obstruction; his father had died some thirteen years earlier of a coronary.

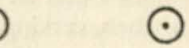
Occasionally the patient would tell the manifest content of a dream. His communications, however, usually stopped there. Apparently the dream was a preformed structure and needed no effort on his part to 'suck' out of his mind. Otherwise, when

asked, for instance, why he just could not say anything—if not his thoughts then what he did the previous evening or something about what he had read (I was reduced to downright unanalytic coaxing and exhortation),—he would simply repeat, despairingly and in a weak voice, 'It's impossible, it's impossible'. This hopelessness about ever getting anything from his own thoughts—this 'dry suck', so to speak—was to continue in waves throughout the analysis, as was his despair of ever getting anything from me or the analysis. Often, as he settled into his characteristic pose at the beginning of an hour, he would profess an absolute foreknowledge of the complete emptiness of the session. This foreknowledge, presumably the repetition of an early 'dry feeding', he would then proceed to implement. (The first patient, incidentally, before the final massive projection onto his hand that was described, sometimes went through phases of projecting this kind of hopelessness and despair onto his left hand so that it was as if *it* felt these things.)

The manifest content of this patient's dreams, which constituted the major portion of his verbal communications, covered a wide range of topics, from violence and funerals to thinly disguised homosexual nightmares, but perhaps the most consistent theme dealt with was that of oral deprivation—being repeatedly late to dinner, dating girls with disappointingly small breasts, etc. Numerous dreams, however, dealt with hands and breasts in various relationships. In the fourth month of his analysis, the patient dreamed that he was demolishing a house by throwing grenades at it; later he saw the grenades piled up in a kind of pyramidal mass. Here, as in the case of the first patient's use of the symbol, we can infer the projection of aggression onto the rounded breastlike grenade. Months later, in a more communicative mood, the patient volunteered an association to the pyramidal mass that he thought obvious but which did not occur to me. 'Of course', he said, 'the pyramid suggests the pyramids of Egypt, the desert, and dryness. I thought you saw that.' In a dream shortly after the grenade dream, the patient was with a group of bathing beauties. He

tried to 'grab a handful of breast' of one of them but when he tried to kiss her he found she had halitosis. When he tried to grab the breast of another one (to tug at the other breast, presumably) he was pushed away. (The patient characteristically used phrases like 'grabbing a handful of breast', 'taking a fistful of sleeping tablets'.)

In other dreams, in which the breasts were represented symbolically, the hands were missing or in danger of being amputated; for example, by a harvesting machine that had to be 'declogged'—a process the patient likened to analysis. In one dream in this category the patient was with a party of disabled veterans—amputees with mostly hands missing—sitting around in wheel chairs and 'doing nothing'. A hint of an oral latent content in the dream was the patient's remark about veterans 'putting the bite on me with their license plate racket' (as it happened, his tags came in the following day's mail) and possibly in his noting that the amputees in the dream were all dressed in 'bad taste'. It was not until months later, however, that the breast-symbol meaning of the wheels on the wheel chairs (which the amputees were 'doing nothing' with) dawned on me. At this time the first patient, who was still in treatment, dreamed of the crash of a twin-motor plane and volunteered that this represented the breasts conking out. He illustrated his point by drawing the two motors, seen head-on, with the propellers going, thus



Following my delayed interpretation of this dream the present patient casually revealed that his father's sudden death had occurred while bowling—with breast in hand, as it were.[2]

[2] The wheel as a presumptive breast symbol occurred also in a dream cited by Ames *(3)* in the case of a patient, treated psychoanalytically, whose chief symptoms were fear of his own and other people's hands. 'I was on a merry-go-round. . . . Overhead were a lot of sweaters. I took one, saying, "This will come in handy". Someone said, "Don't take that, it is not yours and you will be arrested".' The patient, described as having a strongly passive bent, gave as associations petty thefts and fear of his mother.

In another dream of this patient the symbol of the disappearing breast that we have already seen in a dream of the first patient, the double-curved or crescent-shaped knife, was incorporated in a way clearly suggesting a nursing-situation root of this patient's obsessional rituals surrounding touching and not touching. It occurred near the end of the patient's second year of analysis, when he was beginning to bring out some of the destructive fantasies which would pop disturbingly into his head and which he had heretofore only hinted at. After fifteen minutes of silence in one hour I asked him if any of the fantasies he had alluded to ever involved me. Very diffidently he confessed that they did, that only the day before he had fleeting thoughts of murdering me. Silence for another five minutes as the patient turned toward the wall, hands clasped, as usual. I broke the silence by asking him what kind of instrument he had in mind for doing me in. 'What do you mean? [A gun, a blunt instrument, a knife?] Well, a knife, actually.' Silence for another few minutes. [By any chance a curved knife?] 'Well, as a matter of fact, yes. I dreamed of a curved knife last night, now that I think of it.'

> I was in the kitchen and was holding this curved knife. I was going somewhere, I think. In the kitchen it dropped out of my hand and I wanted to catch it before it hit the floor because I didn't want it to touch the floor. But I was afraid to catch it because I was afraid it would injure me. I didn't know where to grab for it. But somehow I did. At the beginning I was carving something in the kitchen, carving for a meal.

The patient's immediate (and, unfortunately, only) association was that the day before he actually had had a lightning-like fantasy of carving me up like a chicken or turkey, a thought no doubt brought on, he hastened to add, by a TV program he saw in which someone had tried to dispose of a victim in this way.

DISCUSSION

This paper presents certain aspects of what I have termed the hand-breast complex. As a dynamic and symptomalogical

pattern related to object loss, this may be presumed to be derivatively related to the inborn connection between grasping and sucking in the early nursing situation, and to the later fragmentation of the primordial face-hand-breast experiential cluster as described by Linn. Data from the analysis of instances of obsessional neurosis are given to highlight an important dimension of this picture, one easily overlooked when emphasis is placed primarily on the anal level of development. These data point to the role played by displacements and projections of oral longings, aggressions and guilt onto the hand, along lines whose early prototypes were also described by Linn. Conceiving the genesis of obsessional neurosis as significantly related to disturbances in the early nursing situation also provides a useful framework for the understanding of the overdetermined dynamics of other of the classical features of this syndrome, such as exaggerated ambivalence (which, in general, cannot be adequately understood without implicating early oral experience [*4, 13*]) and the characteristic disturbances of thought and reality testing.

It is not only in obsessional neurosis, however, that various aspects of the hand-breast complex can be seen. I have observed it in several guises. In one instance, where analysis was undertaken principally for a character disturbance, a seemingly intractable paresthesia of the hands and fingers disappeared (it had to be worked through again later, of course) immediately following a transference interpretation based upon the oral significance of the symptom. On this occasion the patient revealed for the first time—after three years of analysis—that he could fall asleep at night only when holding a tip of his foam rubber pillow. In another instance, where the entire quality of the patient's psychic life was conditioned by the primacy of the tactile model for all perceptive and cognitive functions, a recurrent numbness of the finger tips when the nails were pared could be traced to an early displacement onto the finger tips of the response to breast-object loss. This, and not primarily castration anxiety, was responsible for the fact that as

a child this patient used to insist on letting his nails grow as long as possible, much to the distress of his nurse.

II

ARCHEOLOGICAL DATA LINKING THE HAND AND THE BREAST

Perhaps man's earliest efforts in graphic expression have been the limning or imaging of his own hand. Hundreds of outlines of hands that were drawn, printed, stenciled, or pecked can be found on rocks and in caves all over the world. The significance of these early images, some many thousands of years old, is obscure. Not infrequently the hands appear to be missing fingers, in whole or in part, and this is thought by some to represent a memorial, either feigned or actually executed in the flesh, to departed leaders or family members.

The hand has frequently been represented in association with, or actually holding, round or discoid objects whose meaning is far from clear. The commonest artifact of this kind is the sun circle, or solar disk, which appears to have had multiple, highly condensed symbolic significances. It was the most frequent symbol used in ancient funerary art and ornamentation, where it clearly represented the hope of immortality, or of resurrection to a full and satisfying afterlife. Sometimes, especially where the idea of resurrection was emphasized, as on Egyptian funerary monuments (and also in pictographs dating from paleolithic times), the solar disk was represented in conjunction with erect phalli. However, the essential oneness of the sun in its phallic and fertility connotations and in its meaning as the font of the 'divine fluid', as the 'nurser' of all life and, as numerous references testify, as milk itself, has been conclusively shown.[3] At any rate, there can hardly be any doubt,

[3] In his comprehensive survey of the ancient origin of the various disks, circles, rosettes, and cognate sun circle artifacts subsumed under the term 'round objects', Goodenough (7) brings out the interesting fact that in early Semitic and in Greco-Roman and Christian life these 'round objects', regularly found on funerary monuments, came to be fused with loaves of bread which were actually baked in the round and whose meaning, as the sustainer of life, they absorbed en route and later gave to Christian symbology in the Eucharist.

FIG. 1 Etruscan burial urn. 3rd to 2nd century B.C.

FIG. 2 Medieval Bogomil gravestone.

FIG. 3 Madonna and Child, tomb of Isabella of Aragon, Cozenza Cathedral, Italy.

FIG. 4 Swedish Madonna and Child of the late Middle Ages.

FIG. 5 Madonna and Child, by Basaiti.

FIG. 6 Madonna of the Milk, by Loretti.

IG. 7 Etruscan funerary monument.

FIG. 8 Mayan funerary urn.

Fig. 9 Shin Chou Chang, God of Longevity, holding Peach of Immortality (15th century).

Fig. 10 Venus of Willendorf, Austria. Height, 4⅛ in.

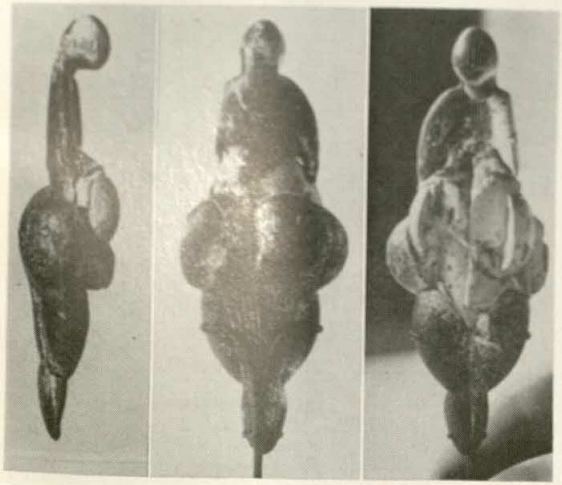


Fig. 11 Venus of Lespugue, France. 5¾ in. high.

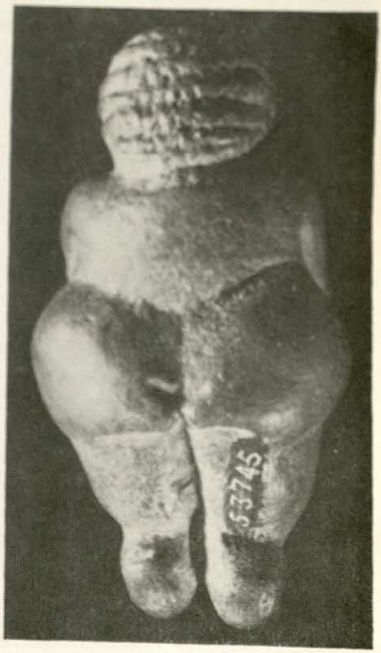


Fig. 12 Venus of Willendorf, from rear.

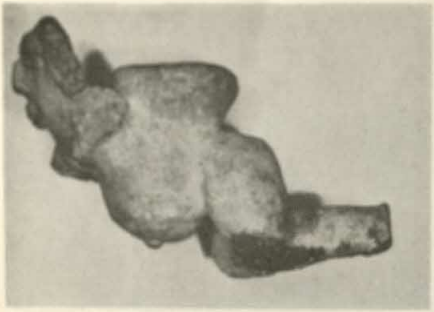


FIG. 13 A late (Christian Era) "Venus" from American Hohokam culture (Arizona). 7 inches long; 3½ inches kneeling height.

FIG. 14 Venus of Willendorf from above.

FIG. 15 Leg stumps of Venus of Willendorf, from below.

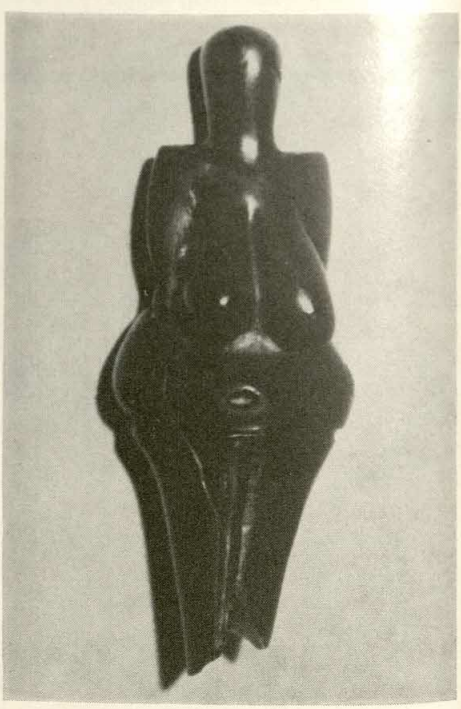


FIG. 16 4⅜ inch high statuette from Dolni Vestonice, Czechoslovakia.

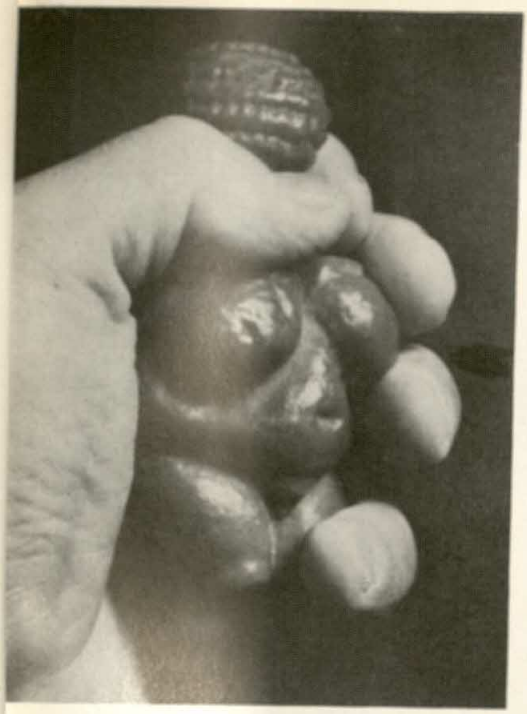


FIG. 17

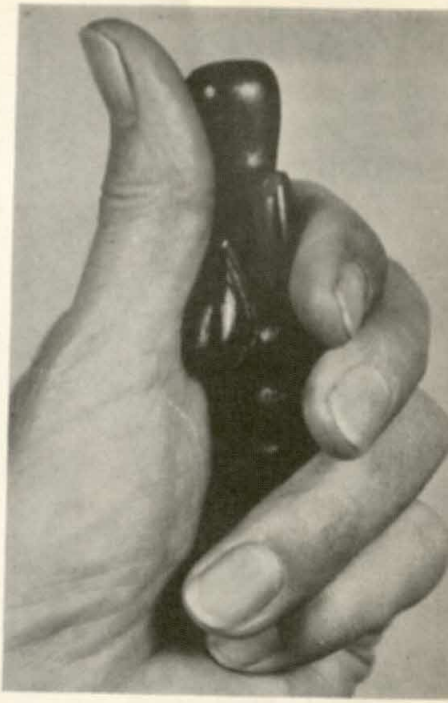


FIG. 18

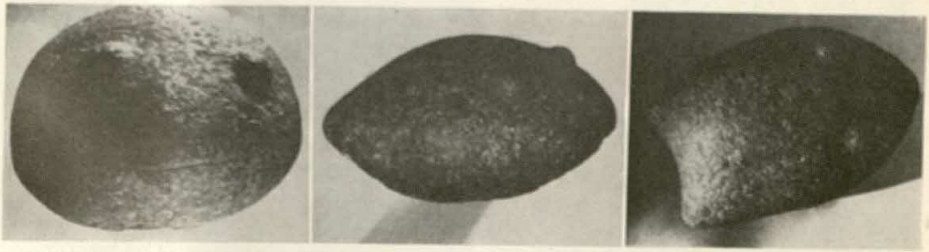


FIG. 19 The Browne Site effigy.

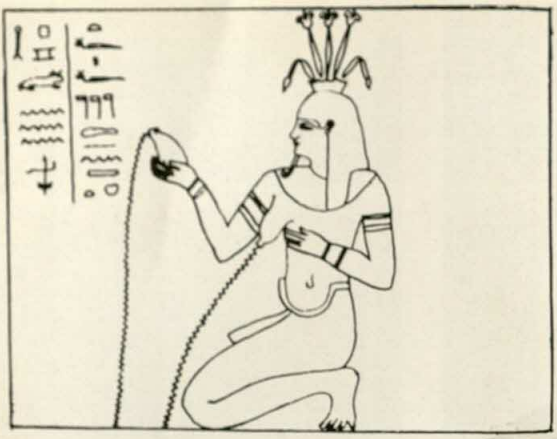


FIG. 20 Nile deity.

FIG. 21 "Frog Baby." Edith Baretto Parsons)

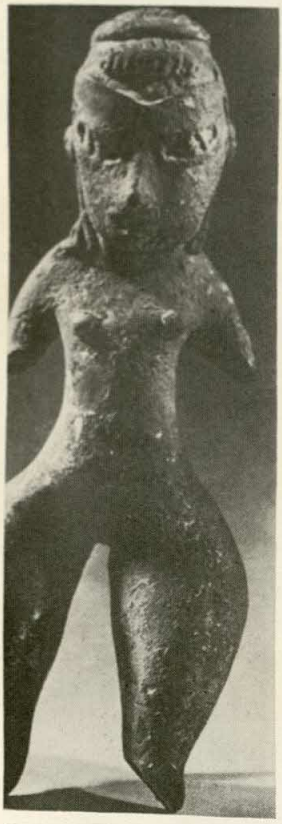


FIG. 22 Tlatilco statuette.

FIG. 23 Neolithic figurine from Czechoslovaki 8½ inch high.

FIG. 24 Neolithic Czechoslovakian figurine from rear.

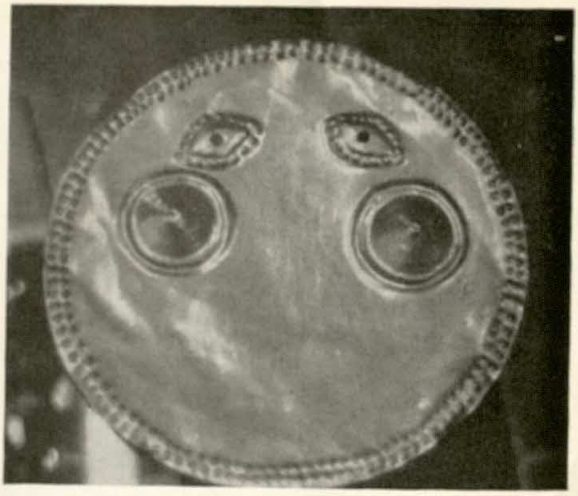


FIG. 25 Pre-Columbian Costa Rican amulet to protect against deprivation.

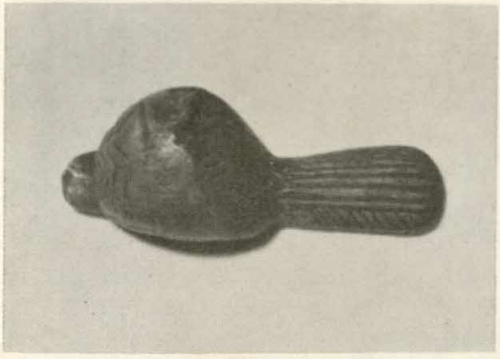


FIG. 26 Siberian figurine, 3⅝ inches long.

FIG. 27

FIG. 28

FIG. 29 Demon figures from Spanish cave rock pictographs.

FIG. 30 Possible demon figures. Cueva Negra de Meca, Alpera, Spain.

from the many nursing scenes on Egyptian, Etruscan, Roman, and Greek sarcophagi and funerary urns, and from the textual tie-ups between nursing and the hope of immortality to be found on these monuments and in other sources, that immortality and the afterlife were conceptualized in regressive terms whose prototype was the original nursing situation; and that the idea of security in the *unio mystica* with the basic sources of nature, expressed in solar worship, also had one root in the wish for reunion with the eternal maternal breast.

One does not have to look too far, then, to discover representations of the hand in association with various types of 'round objects' that conceivably bear reference, however encrusted by the ritualistic or æsthetic accretions of great spans of time, to the important relationship between hand and breast in that early situation of security to which man is wont to regress under conditions of threat or stress. But little, if any, attention has been paid to the hand-'round object' association as such by archeologists. This may well be, in part, because the hand is so regularly a part of human activity as to be inconspicuous by its very ubiquity. But it is also, no doubt, because the helter-skelter rubble of linguistically mute prehistoric artifacts, whose symbolic origins have for the most part been obscured or distorted by thousands of years of conscious overlay and rationalization, has itself bred no unifying hypotheses.

Certain types of data, however, support conjectures consistent with the hypothesis advanced. One of the best sources of insight into the origin and meaning of particular kinds of hand-'round object' representations is a vein of material which can be studied beginning with Etruscan funerary art. The Etruscans (eighth to first century B.C.) whose written language still baffles us, used to bury their dead in hemispherical mortuary mounds, and sometimes the ashes of the deceased were put in a hollowed-out space in the breast of a female statue, sometimes of the deceased herself, placed upon the tomb. The most characteristic statues on the lids of Etruscan sarcophagi and cinerary urns represented the deceased reclining for the 'eter-

nal banquet', as one commentator has put it, with a shallow bowl in one hand (Fig. 1). This common banquet bowl, into which the Etruscans presumably put bits of food from the feasting table, was frequently nippled in the center. This feature, thought by some to represent a coin supposed to be the fee to the underworld, probably derives from the forms on which these so-called metal Calene bowls were hammered out. However, the banquet bowl itself, often flat and disklike, probably served as merely one component of the final symbolic condensation signifying the security that can be grasped in the hand. In certain funerary monuments the disk bowl becomes a ball in hand, in which form it can be seen throughout Roman Gaul and Britain (Brittania holding the ball and scepter first appears in the second or third century A.D.) while in other funerary monuments, from Neo-Punic steles of the second century A.D. to thousands of gravestones of the medieval Bogomil sect (Fig. 2), the hand is shown in conjunction with sun circles (sometimes nippled) which make no pretense of being 'banquet bowls'. Finally the disk, in its straight solar disk form, appears as late as 1270 A.D. in the hand of the Christ Child in such works as the Madonna and Child on the tomb of Isabella of Aragon in the Cathedral of Cozenza, Italy (Fig. 3), where, in this symbolic religious representation of the ultimate in security, it has again achieved separation from the physical symbols of banquet bowls.

From the latter third of the thirteenth century European art became flooded with innumerable Virgin and Child representations, in both painting and statuary, where the Child is holding in His hand either a ball or a bird (Figs. 4, 5) or nursing directly from the breast, which He is often shown grasping (Fig. 6). The rarity of representations of this religious symbol of ultimate security where the Christ Child is both nursing *and* holding a bird or ball can be explained, according to Schnier, in his excellent paper on the Symbolic Bird in Medieval and Renaissance Art *(14)*, only on the assumption that the ball, the bird, and breast have equivalent symbolic

value, a thesis he convincingly corroborates with both clinical psychoanalytic and other data.[4]

An intermediate stage between the breast and ball-in-hand representations occurs in an Etruscan funerary monument showing Prosperina holding a pomegranate in one hand and what is thought to be a seed in the other (Fig. 7). A much later Mayan funerary urn (Fig. 8) shows the same fusion of regressive and resurrective wishes and hopes where one hand is holding the symbol of maize and the other what is probably a drinking vessel. The Chinese version of the ball-in-hand theme, which can be picked up today in various sizes and materials in any Chinese bazaar, may be seen in the figure of Shin Chou Chang, the God of longevity, holding the peach of immortality. A fine fifteenth century example is shown in Fig. 9.[5]

It is quite possible that the hand-and-breast configuration as a symbol of basic oral security goes back to the earliest stage for which we have any artifactual records at all, but the missing link—the hand, in this case—may have had to be supplied by the beholder, or, more properly, the holder. Some support for this hypothesis has recently turned up in an important finding by a University of California archeological team. But before coming to this let me say something of the class of objects which drew my attention to the possible anthropological aspects of the hand-breast complex in the first place.

From the Western plains of Europe to the outermost reaches of Siberia can be found statuettes of women with massive

[4] For other material bearing on the symbolic equivalence of bird and breast see also *5, 6.*

[5] Another aspect of the oral regressive fantasy complex behind the reactions to death that presumably go into the development of the immortality concept is the widespread notion that evildoers (so often the orally aggressive individuals in life) do not go on to perpetual nursing after death but are, on the contrary, eaten up. Innumerable representations, in cathedral art and elsewhere, represent the 'jaws of hell' as literally the jaws of a viciously fanged monster into which the damned are being herded. A beautiful example can be seen on a frieze of the famous church of *La Madeleine,* Vézelay, France. Bosch and Breughel, among others, have painted the theme, and non-Christian examples (e.g., in Buddhist Japan) are widespread.

breasts, hips, and buttocks which vary in size from a little over one to eight or ten inches in height. These so-called Mother-Goddesses, or fertility symbols, as they are thought to be, dated roughly from five to thirty or more thousand years old, give no clue to their meaning or function beyond the striking femaleness of the anatomical features represented. But even these have been differently interpreted. Some observers feel that the idea of pregnancy was being emphasized as a magic image to coax members of the life sustaining game herds likewise to swell and increase. Others are not sure but what this was simply the way multiparous women of those early days—that is to say, all females, presumably a few years past puberty —may have looked a good deal of the time. (It seems to be generally agreed, however, that the marked steatopygy in these figures was more symbolic than representational.)

No doubt in some of these Mother-Goddesses the fertility idol aspect of the figure is meant to be emphasized in the markedly swollen abdomen (and also, in some, in the carefully molded genital area). But in others the status of the abdomen is either somewhat ambiguous, because of the over-all obesity of the figures represented, or the idea of pregnancy is possibly not intended at all but simply the full breastedness of the figure. However, even in those statuettes where the abdomen is represented as swollen, the enormous enlargement of the breasts, in some cases providing comfortable arm rests for their possessors, is far and away the most striking aspect of the carvings, as in the steatopygous Venuses of Willendorf and Lespugue (Figs. 10, 11). One wonders, in this class of figures, whether the primary point was not again to aim at a sort of superpotent double-action effect by compounding the hoped-for magical results of a fertility idol with the suggestion that everything will be as plentiful, and living as soft, as it was at the breast. Indeed, in some of these highly stylized early works of art, the swollen abdomen, in the kind of economic symbolic condensation that we see in dreams (and in fact in all kinds of art), is itself represented as breastlike, as are also the but-

tocks and the hips (Fig. 12). A late example of a breastlike abdomen is shown in Fig. 13. One can hardly help wondering, moreover, whether certain features such as the areolalike 'hairdo' of the Venus of Willendorf (Fig. 14), or her nipplelike leg stumps (Fig. 15), or the nipplelike head and fused leg stumps of the Venus of Lespugue (Fig. 11), were not meant to suggest something along this line, if not actually to serve functionally (in the case of the nipplelike protuberances) as oral pacifiers.

One other striking thing about these obese and full-breasted figures is, with rare exceptions, their facelessness. But the lack of facial features in these objects is not due simply to any indistinguishability of once present features worn away in time, or to vagueness because of lack of skill on the artist's part. The lack is due to a perfectly clear and indubitably intended flat absence of such features in objects whose creators, in some cases, were obviously quite capable of finely detailed work. (The mons and labia of the Willendorf Venus, for example, are sculpted with lifelike precision.) By contrast there are a number of statuettes, of roughly the same size range and geographical and chronological distribution, which show little suggestion of obesity or particularly rounded contours, and where the breasts are sometimes hardly distinguishable, but where the facial features are clearly indicated. In any case, whether or not a generalized differentiation along these lines can be validly established, the tendency toward facelessness of the obese Venuses is quite consistent with the hypothesis that these apparently symbolically overdetermined figures primarily represented breasts (as faceless figures in dreams sometimes do) since there are data indicating, as Spitz, Linn, Almansi, and others have pointed out, that the face and breast are merged in the neonatal period into one perceptual gestalt.

It is one thing, however, to suspect that these carvings may have symbolized breasts and quite another to be able to establish the presumption that these 'breast objects' were meant to be held in the hand for a particular magical purpose. While

some of them could undoubtedly have played such a role, others almost certainly did not. Several, however, seem to fit the hand quite naturally. (Numerous persons, from whom I received a variety of affective responses, aided me in this evaluation.) The two which appeared most interesting from this point of view are the Venus of Willendorf, about thirty-two thousand years old, and the Venus of Dolni Vestonice, which was presumably carved some six or seven thousand years later (Fig. 16). The former, reposing now in a velvet-lined case in a vault of the Naturhistorisches Museum of Vienna, slips so comfortably into one's grasp from several angles and in several positions that the idea practically suggests itself that it may have been intended for such a purpose, in addition to other possible uses. Holding one's thumb and forefinger in the notch under the faceless head that seems almost deliberately fashioned for this purpose (Fig. 17), it is not difficult to visualize early man clutching this object in his chilly cave and, as he wondered where his next bear or bison was coming from (or whose next meal he might be unlucky enough to be), grunting out some magical spell to insure his hand never losing the skill and efficacy it had when it had held the breast. In the case of the Venus of Dolni Vestonice, a cast of which was kindly sent me by Dr. Jan Jellinek, of the Moravske Museum in Brunn, Czechoslovakia, the thumb and forefinger tend to adopt a somewhat different position from what appears natural in the case of the Willendorf Venus (and from what, as far as I can make out, would probably also be the case with the Venus of Lespugue and certain others which provide what appear to be specially contrived notches under their faceless heads). Here, if the fingers are placed as shown (Fig. 18), it not only would account for the slitlike fish mouth slightly worn away (as it appears to have been) but would also render the head a fairly serviceable nipple. A cluster of four pinpoint sized indentations or 'holes', which seem to have been deliberately made on the top of this head, could conceivably have been intended to represent duct openings. The legs, which have been broken off

at the base, seem to fuse, and could conceivably have provided another nipplelike appendage, as appeared to be the case with the Lespugue Venus.

While it is most unlikely, as I have already indicated, that any unitary hypothesis could plausibly be applied to all the prehistoric Mother-Goddesses and so-called Venuses that have been found, it might nevertheless be of considerable interest and importance to gather data bearing on the presumption that some of them, at least, were meant to be held in the hand for magical purposes. In this connection the important finding mentioned earlier is of decided relevance.

In 1961 a perfectly sculptured stone object suggesting the upper half of a frog or toad was found in Southern California by an archeological team of the University of California at Los Angeles. Besides the protuberant eyes, which are easily seen on the carving (Fig. 19), some shaping along the sides, not shown in this picture, is described as possibly indicating developing legs or a squatting position *(8)*. The carving, known as the Browne Site effigy, measures about six and one half inches in length, four and three-quarter inches in diameter, and three inches in height. It is of diorite, a dense igneous rock, and was brought into present shape by pecking. Provisionally dated at about five thousand years of age, it is thought to be one of the oldest objects of art of the Western Hemisphere. Of interest in connection with this discussion are the remarks of one of the commentators on this frog effigy *(2)*: 'Photos cannot do justice to this piece. One has to hold and feel it and look at it while it moves in one's hands. It seems inconceivable that it was intended to be appreciated otherwise. And it invites to be picked up. One's fingers fold so naturally around the concavity of the one end that one wonders whether this object had not served as a tool. However, the surface does not show any place revealing marks of battering on gross examination.'

The frog, like many other widely used symbols, may have various meanings, depending on context and usage. Like the solar disk (which might conceivably be one of the forms symbol-

ically condensed into the Browne Site figure) the frog is known to have phallic and fertility significance. However, one particular band or range in the spectrum of symbolic values the frog seems to have had from very early times would give special significance to the presumption that the Browne Site effigy, although showing no signs of having been used as a tool (and despite its massiveness),[6] may, nevertheless, have been intended to be held in the hand. The frog always has been widely held to be a symbol of abundance, of actual cash abundance, in fact, in China, where jade good luck pieces representing frogs being held in the hand can be bought in any bazaar. A more direct suggestion of the equivalence of the frog and the breast can be seen in the ancient Egyptian representation of the all-sustaining, all-nourishing hermaphroditic Nile deity (Fig. 20). (Hermaphroditic representations of this sort were not uncommon, incidentally, where invokers of this kind of magic apparently held it inexpedient to neglect the male fecundating principle while placing exclusive reliance on the magical re-establishment of the more regressive nursing situation.) As to a direct tie-in of the frog, the hand and the mouth, pipe bowls in the shape of frogs, which apparently had a ceremonial significance, are fairly common among the artifacts found at prehistoric Indian sites. Here the oral tranquilizing effect of the tobacco (or of whatever was smoked) must have made this a highly potent symbolic constellation.[7]

The unconscious connection between the frog and the original source of security still persists. A recent full-page jeweler's

[6] I did not fully appreciate the difficulty of casually handling its six pounds, three ounces until, in the Spring of 1964, through the courtesy of Mrs. Roberta S. Greenwood, a Southern California archeologist, I had the opportunity of making a firsthand examination of the piece. I am forced to presume that ancient man in America was somewhat more powerful than some of the people who now write about him.

[7] Dr. Bruce Ruddick, in a personal communication, has pointed out the extensive orality of the frog in the myths and sculptures of the Coastal Indians of the Pacific Northwest. He further suggested that the frog may represent an archaic body image from the oral phase, recalling the frog-like 'homunculus' of cortical representation.

advertisement[8] pictured a 'tranquilizing frog' to be used when milady gets nervous. 'One lady . . . (who wears hers on her sleeve)', ran the ad, 'reports that she doesn't need her analyst any more'. (I am happy to report, however, that the reverse sometimes also occurs. Dr. Sydney Margolin has shown me a jade frog 'rubbing stone' given up by an obsessional patient at the successful termination of his treatment.) The underlying connection also seems to have been captured through the unconscious insight of the artist who created the ecstatic expression on the face of the child grasping the frogs in the statue, 'Frog Baby' (Fig. 21).

When looked at from the standpoint of this particular symbolic meaning, the idea presents itself that not only does the Browne Site carving as a whole—this 'beautiful work of sculpture in the round', as it has been called—double as a breast on a symbolic level (just as many similar shaped solar disk forms presumably do) but also that one of its most prominent features, the bulging eyes, may have been intended to incorporate this meaning as a symbolic condensation. The shape of these small protuberances is very close to that found characteristically as breasts on the Tlatilco statuettes of Mexico, some of which date from before the present era (Fig. 22). In the Old World, these small hemispherical forms can be seen as breasts (and, in a somewhat obscure stylized linkage which is found also in their common philological associations, as knees too) in Etruscan, Roman, and Minoan native figures, hermaphroditic and other, and can be found at least as far back as the neolithic (circa 2500 B.C.) Czechoslovakian statuette shown in Fig. 23. The buttocks of this figurine (Fig. 24), resembling those of the much older Venus of Lespugue (Fig. 11), could very well also have doubled as breasts. (This eight-and-three-quarters-inch-high Venus, incidentally, may be seen to incorporate that one touch of Adonis which, while it could possibly have served as a nipple in connection with one form of regressive practice connected with the hand, makes one wonder if it was not pri-

[8] The New Yorker, September 22, 1962.

marily a masturbatory prop for magical fertility rites.) That the symbolic connection, finally, between the more or less abstract form of these protuberances and eyes was not unappreciated in the Western Hemisphere is suggested by the pre-Columbian Costa Rican breastplate of practically the same diameter (Fig. 25). This amulet is said to have been used, as I have suggested that the frog carving may have been, to protect against deprivation.

Another class of ancient animal effigy that may conceivably have utilized the peculiar condensation possibilities of morphology and symbolism to incorporate a breast meaning is the bird figurine (dated at about twenty thousand years) originally found in Mal'ta, Siberia, and now in a collection of artifacts from that place in the State Historical Museum, Moscow.[9] The breastlike quality of the semi-abstract bodies of these bird pieces is quite apparent, while the protrusions which are ordinarily taken to represent the birds' bills plainly suggest nipples. What is more, in the figurine shown (Fig. 26), there are, both on the dorsal side of the tail (not shown) and on the caudoventral side of the body, grooves which perfectly fit a thumb, suggesting that holding the effigy with the thumb placed in either of two positions might have facilitated the use of the object as a pacifier, possibly for ceremonial purposes (Fig. 27). In other effigies of this class where the tails have been broken off, the grooves on the underside of the body are still intact. This is the earliest instance I have come across, incidentally, of the seemingly universal symbolic tie-in between the bird and the breast.

One of the most interesting possible 'hand-breast' objects I have encountered is one in which the mammary wheel may have come full circle. The artifact in question was found in a cist and burial area (near some human mandibles which conceivably could have been used ceremonially in connection with

[9] I am indebted to Professor V. P. Yakimov, of the Institute of Anthropology of the State Historical Museum, Moscow, for having accorded me the privilege of examining these pieces, and for having sent me magnificent casts of several of them.

it) of the Fremont Culture Indians who, until about 1150 A.D., occupied sites in what is now the State of Utah *(16)*. The object is in the Turner-Look Site Collection of the Denver Museum of Natural History whose Curator of Archeology, Dr. H. Marie Wormington, brought it to my attention and kindly allowed me to photograph it. It is of alabaster, the size and shape of a human female nipple and surrounding areola, and is shown next to the nipple of a four-day postpartum multiparous woman (Fig. 28). As may be seen from the photograph, the nipple of the carving seems to have been rubbed somewhat smooth. One wonders whether this object, which was initially considered just another concretion of unknown significance, does not represent one of the final stripped-down and functionally economical versions of what began tens of thousands of years before in the form of the so-called Mother-Goddesses and passed through forms like those of the Mal'ta birds and that of the Browne Site effigy. Numerous transitional forms, objects considered to be of unknown or problematical significance, must be steadfastly keeping their silence in museums all over the world.[10]

A last source of data which enables us to draw inferences about the role of the hand in connection with the presumptive 'breast objects' that have been found are the many prehistoric representations of what are thought to be some of the earliest forms of persecutory demons. Curiously these are not, as they are apt to be in later historical periods, fanged monsters viciously ready to devour the unwary earthling, but rather forms whose outstanding feature seems to be their threatening hands (Fig. 29). (The closest we come in the prehistoric period to oral demon forms are figures on which appendages looking mainly like grasping claws [Fig. 30] also suggest mouths.) One wonders whether these demon hand representations—these

[10] But not in the marketplace, where the 'rubbing' stones (or 'touchstones', as these widely distributed good luck or 'security' stones have sometimes been called) have always been in vogue and have always had legends attached to them that have not been too far from the truth.

beautiful 'sermons in stones'—do not already indicate the beginnings of a guilt infused stage of a particular culture and, if you will, the birth of conscience, possibly as a consequence of the changing over of the family structure from nomadic hunting to the more settled agricultural complexes with, perhaps, a longer period of suckling maternal dependency. Many associated artifact complexes found in Europe at the supposed time of the creation of these hand demons—the ones shown are from rock pictures in different Spanish caves and are dated roughly from 2500 to 1300 B.C.—indicate that some such transition was taking place there *(11)*. It is significant, at any rate, that the onset of the tendency toward projection seen in the various demon forms of this early period—a tendency that marks the real beginnings of modern times—should show itself in connection with the hand, whose relationship to the breast, and whose basically oral 'aggression' and 'guilt', I have tried to demonstrate.

SUMMARY

Data have been presented indicating the memorialization in various types of artifacts of that early relationship between the hand and the breast which comes to symbolize security at its maximum. A hypothesis as to the significance of certain types of prehistoric 'Venus' figures and other artifacts is offered. It is that these artifacts served as breast substitutes to be held in the hand for magical regressive practices related to threatened or actual famine, object loss, or other stressful situations. Certain artifacts also indicate the beginnings in prehistoric times of the type of displacement of guilt and projection of oral aggression onto the hand that can be seen classically today in obsessional neurosis.

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ACKNOWLEDGMENTS

The author gratefully acknowledges permission to reproduce the illustrations from the following sources:

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Fig. 30. *Ibid.*

TRANSFERENCE, COUNTERTRANSFERENCE, AND BEING IN LOVE

BY CARL M. GROSSMAN, M.D. (BEVERLY HILLS)

There is agreement among psychoanalysts that the core of therapy is the handling and fate of the transference. The major difference between psychoanalysis and other therapies is that only in psychoanalysis is there careful and systematic analysis of the transference, the major resistance. In a sense, all psychotherapeutic accomplishments are 'transference cures'; only in psychoanalysis is the aim the resolution of the transference neurosis.

Transference has been a subject of unceasing discussion and elaboration since its inception *(7)*. There are nevertheless many psychoanalysts who protest that transference and countertransference are not clearly and simply defined so as to assure maximum understanding and efficiency in their application; also, it is felt that there is much too much emphasis on the introduction of new terminology, which adds nothing to a better definition of the psychodynamics or of a more cogently reasoned recommendation for their remedial clinical employment.

In this endeavor, it is proposed that the applications to transference of the qualifications 'positive' or 'negative' are redundant; furthermore that their use distorts the basic psychoanalytic meaning of the concept.

The mechanism of transference is a universal human psychological characteristic which causes the internalized representation of certain objects—such as parents or parental surrogates from one's infantile past—to be projected onto a succession of later, ostensibly unrelated, persons. The transferring person then reacts to new objects with the anachronistically habitual reaction in adult life that he had had toward the originally

cathected object in infancy. This is an entirely normal function of the ego, a means of learning, understanding, and adapting oneself to the external world. Like projection, it becomes pathological only when its quantity and intensity preclude sufficient realistic evaluation of new objects to distinguish them clearly from the infantile object.

To use the term, countertransference, to describe the analysts' reactions to their patients, is confusing and uneconomical. It has been defined as synonymous with transference by Fenichel *(1)* and more recently by Greenson *(5)*. Freud originally described countertransference as a pathological reaction in the therapist but discussed it in terms which made it sound like transference *(2)*. To define transference and countertransference as identical makes no more sense than to define a projection as a response to it, or to make stimulus synonymous with response. The term, countertransference, should either be dropped entirely, as suggested by Gitelson *(4)*, or used only to signify a response to a transference, as recommended by Heimann *(6)*, Racker *(8)*, and Spitz *(9)*. Transference could then be discussed with clarity as the reaction of a patient or of a therapist.

To agree that there is confusion but then condone it on the basis of customary usage—or to invoke the authority of Freud—is common practice. The latter is an injustice to Freud who was the least dogmatic of discoverers. Those, however, who prefer to use one name for their own reactions and a different one for the reactions of their patients may betray a wish to be placed in a different category. Such defenses are among the compelling reasons for the requirement that the analyst himself be analyzed. If he cannot recognize in himself certain feelings of his patients, it is just those feelings which will be inaccessible to his exploratory efforts.

To present the subject in nontechnical language, 'falling in love' or 'being in love' may be substituted for the psychoanalytic term, borrowing from Freud's comments about transference: 'There is no love that does not reproduce infantile prototypes. . . . The transference love has perhaps a degree less of

freedom than the love which appears in ordinary life and is called normal; . . . the condition of being in love in ordinary life outside analysis is also more like abnormal than normal mental phenomena' *(3)*.

A male patient had begun his treatment with a woman by making contemptuous remarks about the inefficiency of women doctors. One day she was obliged to change their next appointment. Subsequently he said to her: 'You are my idea of a perfect woman. You know what you want and you go after it.' This man had complained to his analyst how like his passive father he was, and about how sorry for his father he was because the mother 'pushed him around all the time'. The patient's flattering compliance was not therefore a simple transference reaction, being based on his need to be pushed around as his father had been. He sustained personal relationships only with the women he succeeded in goading to dominate him.

Attitudes of anger from patients early in treatment usually signify first, that the patient is behaving like one of his parents; second, that he is unconsciously seeking to provoke retaliation from the analyst—akin most often to the habit of the mother, especially among male patients. Hurting or being hurt was in one patient a conscious requirement for all his close relationships with both sexes, to determine which role he should play.

A young man had been catatonic for months. One day, reacting to a sluggish response, accompanied by a smirking contemptuous grimace, the therapist snapped his fingers, a singular bit of behavior on his part. This first seemed to rouse the young man to greater activity, but soon he became destructively hateful: 'You are a pigeon', he said, 'and I am going to eat you'. This, in due course, was found to have several determinants. His father gave the pigeons he bred more attention and affection—he frequently fondled and caressed them with open mouth —than he gave the boy who was terrified of his habitually impatient father. Squab was often served at home as a delicacy. Much later the patient disclosed that, in addition to expressing anger, his menacing threat had also meant, 'You are good

enough to eat'. What then, in this instance, entered into the transference were an overt destructively cannibalistic threat and a covert wish to be eaten by way of identification with the impatient therapist (father) and regressively with the pigeons that his father treated tenderly and subsequently ate with relish.

Hateful reactions frequently occur as a defense against transference. A commonplace is the stereotype that says in effect, 'I know that patients are supposed to fall in love with their analysts—well, you won't catch me doing that'. There are overt paranoid reactions, especially if the primal object caused anguish and fear of destruction (sadomasochistic object). The patient may also be identified with the aggressor. Among the last is the resistance of the highly erotized transference that led Freud to conclude: 'These are women of an elemental passionateness; they tolerate no surrogates; they are children of nature who refuse to accept the spiritual instead of the material . . .' *(3)*. Initial reactions of hatred toward the therapist are sometimes unconscious resistances based on the fear that the fixation to the original object will be irremeably destroyed by the analyst. Provocative behavior that stems from the well-known sequence of incurring a thrashing that evokes subsequent remorseful overindulgence from the parent requires no comment.

Love requires no defenses against it unless it arouses a conflict of painful feelings. A man who avoided all loving ties said: 'My mother could only love me if I did everything her way and thought her way. She ignored me or looked right through me even if I considered a difference of opinion from hers. I tried to be like her; but then it was as if only she was there; somehow, there was no I; only empty space.' To fall in love threatened him with a state of nonexistence.

As stated above, it is proposed that the word countertransference be limited to mean only one thing: reaction to transference. Countertransference then is that universal human psychological reaction which occurs in one person toward another as a result of exposure to the transference feelings of that other person. It is a response appropriate to an immediate stimulus

and may or may not be accessible to consciousness. Clearly, this definition does not limit the reaction to therapists.

It is of interest to speculate about countertransference from the point of view of the person who is the object of a transference. When one consciously or unconsciously perceives that someone has fallen in love with him, however much he may pretend to regard it as a romantic fiction, it is easy to imagine that he has some kind of pleasurable response, including possibly some warmth toward the person who bestows it. Feelings of embarrassment or other defensive reactions cannot be excluded. In terms of this speculation, it may not be farfetched to advance the idea that one can respond to transference love and be aware of the response.

Because the mode of being in love differs among individuals, it follows that the responses will vary correspondingly. In each instance, it is the feeling of response, whether or not we are aware of it, that suggests to us the role the lover expects us to play. The role, of course, was created and enacted by the infantile love object (parent), and if we can become aware of our reactions we may learn something of the characteristics of the infantile object.

Heinrich Racker gives an excellent discussion of the value of such awareness *(8)*. It would be even clearer were he to limit the meaning of countertransference to the therapist's reaction to the patient's transference. He introduces confusion by dividing countertransference into a complementary identification of the therapist with the patient's internal objects; and a concordant identification of the therapist with the patient, totally or partially (ego, id, or superego). Mentioned but not discussed is the motive of a therapist's transference to his patient. This complicated definition is confusing. When, for example, Racker asks, 'To what imagined or real countertransference situation does the patient respond with a particular transference?' *(8)*, he appears not to know that the patient's transference is borne over from a primal object to a current surrogate.

When a patient behaves fearfully as though expecting a blow

from the therapist, he may not be the least conscious of his angry feelings. On some occasions, when such an expectation is interpreted and angry or critical feelings are exposed, with the subsequent relief comes the memory of having given vent to an anger toward a parent which resulted in physical punishment or severely hurt feelings. If, instead of expressing fear, the patient voices a direct threat or makes a threatening move toward the therapist, he almost invariably has had a fantasy of being attacked by the therapist. If the therapist is not sure what is happening within his patient he typically becomes anxious; or he may, as a defense, develop a feeling of anger toward the patient. If the analyst can analyze his own feelings, he may understand what role the patient is transferring to him.

A patient, early in therapy, suddenly rose and stood menacingly over the therapist. 'You see these fists?' he shouted, waving them under the therapist's nose, 'They're weapons!'. The therapist's greatest surprise was that he was little frightened; only then could he acknowledge that his initial fright had quickly disappeared. It was now not difficult to tell, with assurance, that the patient shouted down his own fears by terrorizing others. The patient thereupon burst into tears and began to recount instances of his constant pressure to avoid showing fear, especially to a woman who exploited him as a protector but taunted him whenever he was timid, and whenever he made awkwardly tentative sexual advances.

Paula Heimann *(6)* suggests that whatever are our feelings and reactions—however neurotic—in a patient's presence, they are in part, at least, a response to some need of the patient. The question, 'What is operating in my patient to arouse my present feelings, and how is it manifested in him?' is often a guide to the patient's unconscious struggle to restore his original love object. It may in addition intuitively suggest some manner of behavior of that infantile object toward the patient as a child, mirrored in the full awareness of our own impulse toward the patient.

When an analyst becomes the 'beloved' of his patient, the patient has displaced to him the role of an archaic object. The analyst's feelings and reactions to these stimuli from his patient cannot be called anachronistic or pathological unless they become allied with the analyst's own transference love. Perhaps many psychoanalysts, including Freud, have regarded countertransference as neurotic because such a fusion or alliance is a universal occurrence in varying degrees (but still are two different items).

The response in feeling to transference love will vary as does the transference itself. If the one who loves treats us in a manner similar to the way he treated his infantile love object we will have the urge to respond to that treatment by behaving as did the original love object. If we can become aware of that urge we are in a position to understand its source. By virtue of such understanding we can behave differently from the original object, either by interpretation or other ways of responding. If we are unaware, we run the risk unknowingly of acting upon the urge in a manner similar to the original object's habit: for example, an interpretation may be correct in content but punitive in phrasing or manner of delivery.

As Racker says, 'The danger of exaggerated faith in the messages of one's own unconscious is . . . less than the danger of repressing them . . .' *(8)*. And Heimann states: 'The basic assumption is that the analyst's unconscious understands that of his patient. This rapport comes to the surface in the form of feelings which the analyst notices in response to his patient in his countertransference' *(6)*.

A therapist has an additional way of becoming aware of his countertransference even when it is fused to a moderate degree with his transference to the patient: his patient may react to his therapist's transference with a countertransference of his own. As the patient is much less likely to interpret than to act, the observant therapist should silently ask himself, 'What did I do to stimulate that?'. The therapist thus has a perceptible sign to redirect his attention to himself.

SUMMARY

The concept of transference love is clarified by omitting the qualifications, 'positive' and 'negative'. To define countertransference as only a reaction to transference love lessens confusion and aids therapeutic technique. To apply special terminology to differentiate psychological phenomena in therapists from identical phenomena in their patients is a defense in the therapist against his awareness of unacceptable feelings. Any efforts directed at breaching our own defenses and clarifying concepts must have salutary effects on therapy.

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THE ROLE OF HATRED IN THE EGO

BY PING-NIE PAO, M.D. (ROCKVILLE, MARYLAND)

In the treatment of hospitalized and severely disturbed patients, I have had the opportunity to observe the rise and fall of intense feelings of hatred. Sometimes I was the target of these feelings; at other times I was accused of hating the patient. This exposure to the feeling of hatred led me to consider that it is so complex a human phenomenon that it cannot be encompassed by such common expressions as anger, rage, aggression, hostility, or destructiveness though these expressions often are used interchangeably with hatred.

HATRED AND RAGE

Spitz *(10, 11)* noted that rage in the form of screaming can be observed in infants of two to three months. It is an ego organized expression of frustration of instinctual needs. And as the mother repeatedly responds to the infant's rage by modifying his frustration, he learns that his rage has an intimidating effect on her. In this sense rage is an ego response to the conflict between the ego and the object.

With the acquisition of new ego functions, rage gradually undergoes a metamorphosis (see Fenichel [2] and Jacobson [5]), and eventually transforms into hatred which involves the participation of all three psychic structures: id, ego, and superego. In hatred the ego is not only in conflict with objects in the external world, as in the case of rage, but with internalized objects as well.

Although hatred and rage are both organized affective responses of the ego to frustration, they can be distinguished *(5, 7)*. Unlike hatred, the earlier and less complicated human experience of rage in a form of communication. Both hatred and rage reflect a conflict between the ego and outside objects, but hatred also reflects a conflict between the ego and internalized

objects. In rage there is concern only with the power and status of the external object without going beyond realistic bounds; in hatred, influenced by the internalized object, there is a tendency to ascribe enormous status and power to the external object, often accompanied by a feeling that one's own existence depends on the object. In rage the instinctual drives seek immediate muscular action, such as shouting, kicking, or hitting; in hatred the interposition of the ideational process results in suppression of muscular release. Rage tends to come and go with the exciting cause; hatred can linger on and grow in intensity. In rage one attempts to modify the object's frustrating behavior in order to insure immediate gratification, using past knowledge only to help modify the object's frustrating action; in hatred one dwells on the past, thinks of revenge in the future, and is not concerned with the present. Rage serves no ego-syntonic defensive purpose; hatred, in linking past and future, establishes a sense of continuity and may be used as an ego-syntonic defense, as a basis of relationship, and as the core of a person's identity.

HATRED AS AN EXPERIENCE OF ENTRAPMENT

Freud said, 'The affective states have been incorporated in the mind as precipitates of primeval traumatic experiences, and when a similar situation occurs they are revived in the form of memory symbols' *(3)*. Hatred as an affective state results from old traumatic experiences and can be revived in similar situations in later life. In this section we are concerned only with the phenomenology of the ego state of hatred as it is revived.

When hatred becomes a conscious experience, the one who hates is beset with fears and feels pulled in different directions. The hater tends to ascribe unrealistic power and importance to the object of his hate and believes it would be disastrous to offend the omnipotent and omnisicient object. But he feels wronged by the object and 'wants to get even with it'. Thus he finds himself in a state of bondage. If he remains close to the object, he may betray his hatred and provoke the wrath of the

object, who could crush him. On the other hand, if he attempts to avoid the hated object, he is denying himself needed libidinal supplies. Caught in a dilemma, the hater feels trapped and schizophrenic regression, manic flight, suicide or homicide, promiscuity, perversion, or crime may ensue.

Two cases show how hatred is experienced as entrapment.

For about four months following the birth of her second child, a patient was physically weakened by recurrent bleeding. Although she was very fond of the baby, she developed fears about not being able to care for her. Then she began to feel that her husband neglected her, that he was too engrossed in his work. She entangled him in quarrels but when he still failed to heed her, she hated him. She threatened to leave him, made two tentative attempts to see a lawyer about divorce, and after several months decided to act promptly. Instead she drove around aimlessly for several hours and then returned home. That evening she was found sitting alone in the car in the garage. She was catatonic and was taken to a hospital. In the course of therapy she explained that she hated her husband and wanted to leave him. On the day she had driven around aimlessly, she had intended to check into a hotel but as she approached the hotel she became more and more alarmed and reluctantly returned home. She could not remember what happened after that.

A manic depressive woman accompanied her husband to a business meeting in a distant city. Left alone for four days while he was engaged in 'talks with the boys', she complained. Her husband, in turn, criticized her for lack of understanding. They then went on a vacation trip and she felt that her husband continued to neglect her by playing golf and drinking with strangers. She hated her husband for not loving her, and hated herself for living with him. She thought of divorce but dreaded being alone and did not want to see her husband happily remarried. Feeling trapped, she attributed all her unhappiness to him. Before the vacation was over she became excessively energetic, loud, flirtatious, irritable, and argumentative. This be-

havior was followed by such a degree of disorganization and incoherence that she had to be hospitalized.

These two patients illustrate how the ego state of hatred locked each in a type of bondage with the most significant person in their lives. Neither could move close to, nor away from, this significant person. Bak *(1)* has postulated that 'the aggressive drive is instrumental in bringing about the [schizophrenic] regression'. In the two cases cited it seems that the aggressive drive was instrumental in bringing about the ego state of hatred, which may be an intermediate step to further regression and psychosis.

EGO SYNTONIC USES OF HATRED

That hatred can be used for ego syntonic purposes has been described in the literature. Ernest Jones *(6)* showed how hatred can serve to cover fear or guilt. Hill *(4)* observed that it can serve to avoid 'feelings of dependency, of a need to be loved, of passivity and helplessness, or a desire to dominate and control (as a reaction-formation against passivity), and even feelings of affection'. Searles *(8, 9)* indicated that vengefulness or scorn can serve as a defense against repressed grief and separation anxiety.

To hate is to feel something, which is far better than feeling purposeless, empty, amorphous, or swamped by anxieties. Hatred may become an essential element from which one derives a sense of self-sameness and upon which one formulates one's identity. Thus a young paranoid man said to me, 'I don't like to hate but I have to. If I am not a hater, I am nobody. And I don't want to be nobody.' When his hatred receded he became more disorganized and paranoid. Similarly another young schizophrenic man said, 'I hate my mother. Even though at times I think she is not too bad, I still hate her. For hatred is a pleasant emotion.' In his case hatred served to relieve him of all sorts of unmanageable emotions and uncertainties.

That hatred has great power to sustain one's life is seen in the following case. A borderline patient entered the hospital voluntarily because of an uncontrollable urge to injure her body. One year later she decided to leave the hospital and her analyst. Af-

ter six months she sought out-patient treatment with the same analyst and stayed with him for six years. She explained: 'When I left the hospital, I hated it. I did not hate you. I had no idea if I could hold out on my own, but I knew I had no choice. I simply had to do what I did. . . . But I managed all right. I found an apartment and a job which occupied me in the daytime. At night I was often seized with the urge to kill myself. But I couldn't do it because I hated the hospital and didn't want to live up to the hospital's prophecy that I could not manage outside.'

An important aspect of this case was the displacement of the patient's hatred from her analyst to the hospital which allowed her to form a bond with the analyst to whom she could return and eventually work through her problems. Displacement of hatred to an object of lesser significance is a common experience. In setting up national, racial, or personal enemies one can then live more peacefully with one's loved ones.

HATRED AS A BASIS OF HUMAN RELATIONSHIP

Hatred tends to incite hatred in others. And he who hates detests most those who feel indifferent toward his hatred, and will make every effort to goad the other person into hatred too. A young schizophrenic woman expressed her hatred for her husband through incessant tirades. Following one such tirade, the husband told her with sincerity that he loved her. Her hatred mounted and she pushed her fist through a pane of glass. She said, 'He was so superior. I hate him even more.'

When hatred becomes the basis of a human relationship it can perpetuate the relationship as durably as love. One can grow accustomed to such a relationship and feel lost without it. The manic depressive patient mentioned earlier and her husband were in a hateful state of bondage for most of the twenty years of their marriage. Until the wife became psychotic, they were considered by others to be happily married and both were outgoing and successful. However, they scarcely communicated and each did his best to expose the other's weaknesses.

When they did speak to each other, a bitter quarrel would soon break out. Each secretly thought of leaving the other. For a time the husband shared a more peaceful life with another woman, but finding this life unexciting, returned to his wife and they resumed the hateful struggle. It is to be noted that a relationship perpetuated by hatred is not like a sadomasochistic relationship where there is fusion of libidinal and aggressive drives. In hatred there is little libidinal component.

For several years two elderly women occupied adjacent rooms on a ward. Every day they complained to the nursing staff of the other's behavior in the shared bathroom. They made no attempt to resolve their differences, refused to talk to each other, and would not accept suggestions from the nursing staff when they tried to arbitrate. They hated each other. When one was transferred to another hospital, the patient who remained said, 'I am sad because Mrs. A is my only friend'..

As stated above, when one is accustomed to a hateful bond with another, one feels lost without it. It is not always wise for the analyst to disturb the bond. Sullivan *(12)* observed that in some instances manic depressive patients who had been previously analyzed committed suicide after resuming treatment; he did not offer any explanation of this observation. Others have suggested that the new analyst may fall short of the patient's expectations and thus extinguish the patient's last hope. I should like to suggest that re-entering treatment may weaken the bond of hatred which the patient has already firmly established with his particular significant object and thus create a disequilibrium that leads the patient to drastic action.

HATRED IN THE COURSE OF TREATMENT

In the course of treatment that is inherently frustrating, many patients will turn their hatred toward their analyst. When the analyst, in turn, does not hate them, these patients feel an even greater sense of frustration. For instance when I began working with a patient who had begun to emerge from a severe catatonic reaction, she stood in the doorway during each session and

cursed me. When I maintained my detachment, she attacked me physically. After eight months of this behavior, she one day scornfully cried out: 'You are full of hatred. You hate me. You have a heart full of black blood.' By this time I did hate her and I realized that often in the past months when restraining her, I had had an urge to strangle her. I said: 'You may be happy to find someone who hates as much as you do, but you are the only one of us who is ashamed of feelings of hatred'. It is uncertain whether my statement influenced her so that she was no longer ashamed of her hatred, or whether she was gratified by her success in making me hate her. In any event that particular hour was a turning point in the treatment and thereafter her behavior markedly improved: she stopped being assaultive, ceased soiling her clothes, and began taking care of her person.

As the analyst helps his patient to rid himself of his hatred, he must discern what the hatred means to the patient. The untimely removal of such a useful ego syntonic defense may leave the patient completely deprived and invite undesirable complications. Unpleasant as it is for the analyst when he becomes the target of the patient's hatred, it is necessary for him to recognize that when the patient allows himself to reveal this affective state, the patient is more committed to attempting a constructive personality change. To quote Novey *(7)*: 'It is of considerable importance to envision [affective states] as being not only disruptive psychopathological experiences but also as attempts at the re-establishing of a more stable and more constructive integration of the personality'.

SUMMARY

Hatred, an ego affective state, appears at a later stage of development and is more complex than rage. From the treatment of severely disturbed hospitalized patients, examples are presented to show how hatred may play an ego organizing and defensive role and may help to establish a sense of continuity and identity in the patient.

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A TRAUMATIC DREAM

BY HAROLD L. LEVITAN, M.D. (NEW YORK)

This brief case report describes the unusual occurrence of a shocking event which was succeeded by an equally shocking dream. It shows that the dreamer was as unprepared for the denouement in her dream as she had been for the tragic occurrence earlier the same day. In the dream or series of dreams that follow a severe and sudden trauma, as we know from our experience with the traumatic neuroses, the same or analogous events are ordinarily presented with the accompaniment of anxiety so that the dreamer is not surprised a second time. The failure of this mechanism throws some light on the defensive processes in dreams.

The patient, a forty-five-year-old woman, was informed of her husband's death in the following manner: while upstairs in her bedroom she heard her brother-in-law call to her from the downstairs hall. She went to greet him quite unconcernedly even though it was unusual for him to visit in the middle of the day. When she reached the bottom step he took her in his arms and blurted out the awful news that her husband had suddenly died one half hour before. She experienced a sense of great shock, a sharp sinking feeling in the abdomen, and seemed on the verge of fainting but did not lose consciousness. For the rest of the day she was not so much sad as groggy and in a fog.

Toward morning she dreamed.

> She was wandering about the first floor of her house when she encountered her mother. She asked her, 'Where is my husband?'. Her mother rather casually replied, 'He is upstairs in the kitchen'. Thereupon she climbed the stairs with the full and happy expectation of seeing her husband at the top, but just as she reached the top step and was about to greet him a blinding flash of light occurred which lasted a split second.

Next she knew that she was awake and crying.

Before the denouement the dream is filled with reversals and substitutions of the real situation in the service of wish-fulfilment. For example, her mother is substituted for her brother-in-law as the bearer of the message, and she states that the husband is upstairs and alive rather than dead. Also the dreamer is asking a question rather than being told the upsetting news. However, although the patient had reported no visual reaction in reality, the moment of

denouement in the dream which (as in reality) was the moment of her becoming aware, is unmistakably marked by a visual impression.

A flash of light that takes the dreamer by surprise and blots out all images seemed to me very unusual and on further research I could not find reference to it in the literature. There are, however, some reports in which rather mild phenomena of light are incorporated into the manifest content of the dream (*1, 4*). But in these instances the light had been subject to the dream-work and had therefore a different origin. Indeed, strictly speaking, the flashing light in this case is not part of the dream. It is rather a component of the shock consequent to her sudden awareness of loss. The phenomenon of visual shock or 'seeing stars' is, of course, well known in waking life. Ernst Kris and Phyllis Greenacre (*5, 4*) have suggested that the edging of light possessed by certain screen memories is a displacement from the light-effect of the visual shock that precedes by an instant the formation of the screen memory. It is not unlikely, as both Paul Schilder (*6*) and Max Stern (*7*) have pointed out, that so-called primary hallucinations which include flashes of light are mediated not through the visual organ directly but through an acute disturbance to the vestibular system which in turn affects the other sensory systems. Possibly too the near loss of consciousness at the moment of trauma is another effect of sudden changes in the vestibular system.

The reworking of traumatic experience by the screen memory by definition precludes the possibility of a renewal in full of the realization of the traumatic events. In the nightmares of the traumatic neurosis and in the nightmare generally the intense anxiety due to the dreadful content causes the dreamer to awaken before the denouement. Any consideration of the reasons for the failure of the protective and alerting mechanisms in this instance must include the extensive denial which was a prominent feature of the patient's personality, but which was significantly facilitated and altered by the state of sleep. The denial in the patient's waking state was very important in the handling of the trauma from the moment of its occurrence. As noted earlier, she was, throughout the rest of the day, in a fog so that she did not apprehend the significance of what had happened. Thomas French (*2*) has stressed the pain-absorbing powers of sleep and its corollary, the increased reality orientation of the latent thoughts as sleep lightens. The combination of these

two factors may shift the balance from a state of extensive denial into an abrupt and traumatic awareness of reality. First, because of the lulling of the denial mechanism by sleep, the patient was able to gain more awareness of her situation during the early part of her dream than had been possible during her foggy state in daytime. This faint awareness was shown by her questioning of her mother as to the whereabouts of her husband. Thereafter, however, in spite of this faint awareness the denial was still so broad that no manifest anxiety could develop. Thus she persisted in thinking of her husband as alive until too late; whereupon she was once again overcome by the trauma of her real situation. The negative hallucination which was the unawareness of the shock of her husband's death could not be maintained as reality testing increased concomitantly with the lightening of sleep. Freud *(3)* has stressed the two levels of awareness that exist in states of denial. As shown very clearly here, these two levels in dreams may be described as simultaneous states of positive and negative hallucination which are maintained in dynamic tension under conditions of delicate balance; this balance may, however, under certain circumstances be abruptly upset.

SUMMARY

Full experience of trauma rarely occurs in dreams. This paper presents an instance of miscarriage of the defensive process in a dream which allowed re-experiencing of the traumatic state as manifested by a flashing light during sleep. Some of the reasons for this failure, with special reference to alterations in the process of denial during sleep, are discussed.

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BOOK REVIEWS

ESSAYS ON EGO PSYCHOLOGY. SELECTED PROBLEMS IN PSYCHOANALYTIC THEORY. By Heinz Hartmann, M.D. New York: International Universities Press, Inc., 1964. 492 pp.

It is one of the impossible tasks: to review a book which, in fact, has been written over the course of a major career. The impact and influence of the papers assembled in this volume have kept them under continuous review as each has appeared. Beginning with his first great generalization,[1] Hartmann's individual papers and those produced in collaboration with Kris and Loewenstein have compelled attention and study, have evoked criticism, and have stimulated inquiry and research. In the view of many this work has effected a major extension of the horizons of psychoanalysis toward which they have themselves been impelled to move. Others have been stimulated to re-examine hard-won positions based on the classical discoveries of Freud. Not all have been convinced, despite the fact that the concepts which Hartmann has developed are rooted in these discoveries and are extensions of Freud's structural theory.

Hartmann was well aware of the difficulties he was facing in attempting to establish grounds for a general psychology of human behavior. In the concluding paragraph of his introductory monograph, Ego Psychology and the Problem of Adaptation, he said:

> Many of these lengthy—but still incomplete—considerations are not psychoanalytic in a narrow sense, and some of them seem to have taken us quite far from the core of psychoanalysis. Much of our discussion has been in the nature of a program which must be filled in and made concrete by detailed empirical investigations. I will agree with you if you should find that I have been one-sided, stressing certain relationships and neglecting others of equal or greater importance—particularly those which usually concern us the most: that was my intention. I will be pleased if you should agree with me that the problem of autonomous ego development, of the structure and rank order of ego functions, of organization, of central regulation, of self-suspension of function, etc., and their relations to the concepts of adaptation and mental health have a just claim on our attention.

[1] Hartmann, Heinz: *Ego Psychology and the Problem of Adaptation.* New York: International Universities Press, Inc., 1958. (Originally presented before the Vienna Psychoanalytic Society in 1937, and published in German in the *Int. Ztschr. f. Psa. und Imago* in 1939.)

It is well to be reminded thus that ego psychology is not one of the prevalent simplistic attempts to 'unify' the behavioral sciences but rather a profound and far-reaching, though sometimes obscure, effort[2] to trace the eddies, excursions, and confluences of the processing stream which is the human mind. Hartmann's work during the twenty-five years in which these papers have been written has been devoted to an elaboration of his original 'considerations' and to filling in the 'program' that he considered his monograph to be. From this point of view the monograph is itself a '(p)review' of the contents of Part I of Essays on Ego Psychology. Indeed those who read it for the first time in English translation in 1958, and who were by then already familiar with the papers that had followed its original presentation, were really presented with a substantive outline of those papers. Thus ten of the first sixteen 'essays' are 'post-cited' in the monograph and are seen to be further developments of its ideas; while two of them which do not receive such explicit notice (Contribution to the Metapsychology of Schizophrenia, and Problems of Infantile Neurosis) are, nevertheless, cogent extrapolations. The other four essays in Part I may be looked upon as postscripts to Hartmann's statements on ego psychological theory. They do not contribute to the theory as such but rather are commentaries on contingent problems.

In Technical Implications of Ego Psychology one may find an answer to the not infrequent question as to what, if anything, this aspect of metapsychology has contributed to psychoanalytic technique. Hartmann is unequivocal in his view that interpretation still rests more on factors related to dynamic and economic considerations than on those of psychic structure (and identification), and that in this respect technique lags behind theory. Still, he believes that important clinical contributions from ego theory are to be found in the prognostic aspects of diagnosis. And with respect to this he refers to the importance of the newer understanding of the 'etiology' of mental health, and of the relation of ego functions to ego strength in modifying the 'absolute' view of the opposition between defense and instinct. This understanding has brought changes

[2] Regarding the speculative character of ego psychology Freud stated that *'the character of the material itself is responsible, and the fact that we are not accustomed to dealing with it'* (italics added). *New Introductory Lectures on Psychoanalysis.* New York: W. W. Norton & Co., 1933.

in the way we deal with the clinically observable interaction of neurotic and normal functioning, and it has also stimulated better comprehension and handling of the reality aspects of patient behavior. In this connection ego theory has contributed to understanding of functional splitting of the ego, of segregation of resistances within the ego, and of that change of function of defense and drive which leads to their secondary autonomy and adaptive application. Thus ego theory has produced sharper insight into defense, and contributed to the management of resistance.

In The Development of the Ego Concept in Freud's Work, Hartmann presents a historical analysis of the antecedents of his own studies. In effect this paper fills one of the gaps in the first presentation of his ego psychology, for he had considered that presentation 'incomplete' partly because it lacked a demonstration that ego psychological theory is intrinsic to and inseparable from the general theory of psychoanalysis. From this point of view the essay does not seem to examine closely enough Freud's dynamic and economic views of infantile development in their relation to the development of structure. Nevertheless, in tracing out the path followed by Freud toward a specific consideration of the psychology of the ego, Hartmann does respond to the existence of the need for a detailed systematization of the *whole* of psychoanalytic theory.

The last two chapters of Part I are concerned with psychoanalysis as science. One was presented before a psychoanalytic audience,[3] the other at an assembly consisting largely of philosophers.[4] They therefore differ in emphasis but their content is largely overlapping. Both stress that psychoanalysis is a general science of man which historically happens to have originated from Freud's clinical interest in psychopathology. As if responsive to the view that ego theory may be teleological, Hartmann dwells considerably on the problem of data and theory in psychoanalysis. 'Good theory cannot be written without broad clinical experience', he says; and 'nobody would consider science a mere summary of facts'. Neither can science be a collection of concepts, no matter how great their ad hoc usefulness, if these do not also enter into a broad theory. It is the elaboration of such considerations as these that makes these lectures

[3] Brill Lecture, March 25, 1958.

[4] Second Annual New York University Institute of Philosophy, March 1958.

relevant in a collection of essays on ego psychology. For the attempt at a holistic synthesis is what is characteristic of Hartmann's work.

Part II consists of four papers which retrospectively can be seen to be premonitory of Hartmann's later interest in ego psychology. The first of these, written in 1924 with Stefan Betlheim, is the well-known Parapraxes in the Korsakoff Psychosis that previously appeared in English translation in David Rapaport's Organization and Pathology of Thought (Columbia University Press, 1951). In this study of cases of putatively organic amnesias in which crudely sexual material was shown to emerge in symbolic disguise, Hartmann and his collaborator conclude, among other things, that in such cases a mechanism analogous to repression is operating, that original impressions are retained, and, in certain situations, 'even the registration of memories (of some contents) may take place in symbolic form'. The careful clinical investigation which led to these conclusions is already demonstrative of Hartmann's pervasive interest in the functioning of the ego.

The remaining papers appear in English translation for the first time. Understanding and Explanation[5] is a critique of the school of *'verstehende psychologie'* of Dilthy, Jaspers, Spranger, et al. from the point of view of psychoanalytic findings and theory. The paper was responsive to the fact that at the time, because of a misunderstanding of the psychoanalytic literature, a tendency was appearing to regard psychoanalysis as a branch of this school. It is reproduced here because ideas similar to those of the *'verstehende'* school are reappearing in the American literature. The misunderstanding stemmed from the fact that Freud did not 'always clearly differentiate between "meaningful" and "causally determined" ' because the 'psychical determinants which Freud always encountered in his analyses of parapraxes, dreams, and neuroses may also turn out to be "meaningful" '. The emphasis of the paper is on the position that 'the goal of psychoanalysis is not the understanding of the mental, but rather the explanation of its causal relationships'. Then, as now, Hartmann was concerned with the position of psychoanalysis as an inductive science which must obtain and verify its propositions empirically. Then, as now, he was struggling with the teleological

[5] *Verstehen und Erklären.* In: *Die Grundlagen der Psychoanalyse.* Leipzig: George Thieme, 1927, pp. 36-61.

problem: ' "teleological" interpretation, which is also used in psychoanalysis . . . does not contradict a causal explanation. . . . A teleological framework can generally in biology be a valuable methodological principle—the indication of the totality of relationships, of purposiveness, facilitating the first causal connection between parts and whole.'

An Experimental Contribution to the Psychology of Obsessive-Compulsive Neurosis,[6] written in 1933, reports a repetition of Zeigarnik's investigation[7] of the effect of current needlike tensions on certain forms of recall. The original investigator found that 'on the average, uncompleted tasks were recalled about ninety per cent better than the completed ones' and concluded that a 'quasi need is produced which by itself strives for the completion of the task'. Dynamically this corresponds to the creation of a tension which aims at relaxation. Completion means discharge. An interrupted task thus survives as a tension residue since the quasi need is not satisfied and the 'recall' in such instances is an indicator of needlike tensions. The Hartmann experiment was directed toward testing the idea that, since the thinking of obsessive-compulsive neurotics is characterized by incompleteness or inability for closure, ' "tension systems" might in their case act differently from the way in which they act in normals' and, if this be so, light might be thrown on the tendency toward repetition. Hartmann's crucial finding was that 'obsessive-compulsive neurotics recall uncompleted activities hardly better than completed ones'. And he concludes that in the obsessive-compulsive the apparent 'completedness' of an action remains subjectively relative (i.e., relatively incomplete), and that the 'need to repeat' arises from the fact that the Lewin-Zeigarnik 'quasi need' depends on the existence of (unconscious) 'true needs'. Finally Hartmann decides that 'Lewin's dynamics is in need of—and is capable of—being completed by a more comprehensive theory of drives . . . [that is] psychoanalytic dynamics of drives and affects'. Again we see the precursor of the general views which Hartmann was to develop later about psychoanalysis as a general psychological theory.

The last of this group of papers, Psychiatric Study of Twins, is a

[6] *Ein experimenteller Beitrag zur Psychologie der Zwangneurose.* Jahrb. f. Psychiatrie und Neurologie, L, 1934, pp. 243-278.

[7] *Über das Behalten erlidigter und unterlidigter Handlungen.* Psychologie Forssch., IX, 1927.

translation of parts of a study dealing with identical twins.[8] This excerpt presents mostly the theoretical discussion, and is chiefly concerned with the question of the role of genetics and ontogeny in character formation as discernible in the anamnestic study of ten pairs of monozygotic twins. Hartmann calls special attention to a group of traits which psychoanalytic characterology has defined most clearly—those of the anal character: orderliness, cleanliness, stubbornness, handling of money, ambition, and vanity. He found differences in orderliness, stubbornness, and stinginess especially pronounced and most frequently demonstrable, and he concluded that 'we evidently have here a cluster of traits subject to a large degree of paravariability'. These traits 'are to a large extent independent of one another'; this fact is important because 'characterologies (for example, *verstehende psychologie*) which classify personality traits according to their understandable relationships can never do justice to such a far-reaching independence of forms of behavior which appear to be similar'. This points to the probability that character *Anlage* reside 'in primitive biological factors of the vital psychic layers [while their] differentiation into character *traits* of the phenotype would be caused paratypically'. The paper has relevance to the concern of ego psychology with the problems of nature versus nurture. It could have been omitted from this collection without detracting from it.

The guiding motive of Hartmann's work has been, explicitly and implicitly, the need for a systematization of the whole of psychoanalytic theory. Inevitably this is inclusive of ego theory. It follows that this volume of essays and the pending publication of Hartmann's collaborative works with Kris and Loewenstein[9] must be looked upon as collections of primary sources. Meanwhile Hartmann is confirmed in his hope that ego psychology has a 'just claim' on the attention of psychoanalysts. The modesty of his early concern for this may now give way to assurance of his great achievement.

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[8] *Psychiatrische Zwillingsstudien.* Jahrb. f. Psychiatrie und Neurologie, L and LI, 1934 and 1935.

[9] *Papers on Psychoanalytic Psychology.* Psychological Issues, Monograph 14. New York: International Universities Press, Inc., 1964.

THE FREUD JOURNAL OF LOU ANDREAS-SALOMÉ. Translated and with an Introduction by Stanley A. Leavy. New York: Basic Books, Inc., 1964. 211pp.

It is difficult to introduce Lou Andreas-Salomé to the psychoanalytic reader in America: the problem of her position has to be stated before an attempt can be made to understand her and her role in psychoanalysis. It is fortunate that her two latest friends, H. F. Peters and Stanley Leavy, give an outstanding, scholarly, careful, and loving, even though sketchy, portrayal of her.

Lou Andreas-Salomé was a famous novelist, poet, essayist, and friend and interviewer of many great men at the turn of the century. She was respected, admired, and befriended by Freud, who considered her 'superior to us all'. She was fifty years of age when she came to Vienna and to Freud, who warned her not to see in him and psychoanalysis 'a Santa Claus loaded with presents to give'. She was an incorrigible romanticist in the best German tradition. It was said of her that she thought with her heart and felt with her brain. She took it upon herself to rescue lonely men from their loneliness—often with disastrous result. After her therapeutic and human encounter with Freud she settled down to a quiet life and became a practicing psychoanalyst in Göttengen, where she died two years before Freud (1937).

The Journal of her study of psychoanalysis in Vienna does not solve the problem of who this woman was and why she was admired by so many men. Actually her life and thought were opposite to Freud's, who lived like a Victorian and interpreted dreams in the language of rational life. Andreas-Salomé lived like an emancipated woman of the Twentieth Century and interpreted life in the language of dreams. Perhaps her charm to Freud and to almost all analysts of these early years (1912-1913) was her capacity for unlimited listening and asking understanding questions—almost as an analyst does. Freud addressed his lectures to her or to her empty chair when she could not be present. At the Wednesday evening seminars at Freud's house she never spoke. This Journal contains one speech she planned to give when she took her final leave, but which she never delivered. It ended with the words: 'Men fight, women give thanks'.

Stanley A. Leavy's introduction to his translation of the first

Journal is a masterpiece of analytic and human understanding of his subject, her time, and her work. His translation can be fully valued only by one who has struggled with the style of Andreas-Salomé's German. Thanks to the translator the English edition of this Journal is easier to read than the German original. Her way of writing, often so emotional, at times even girlish, is less annoying in English since it is underplayed. She was fully aware of Freud's unequivocal honesty in his writing but remained uninfluenced by it.

The Journal is an eyewitness account of early times in psychoanalytic development. It is a most striking addition to Otto Rank's Minutes of the Vienna Psychoanalytic Society (edited by Herman Nunberg and Ernst Federn. New York: International Universities Press Inc., 1962). All pioneers of psychoanalysis go through the pages of this Journal: Otto Rank, about whom Freud speaks with great love and affection; Sandor Ferenczi, who discussed his thoughts with Andreas-Salomé; Karl Abraham, who visited from Berlin; Wilhelm Stekel; and Alfred Adler, who walked for hours with her and discussed his differences with Freud. There are some anecdotes of significance and meaning which will make the Journal dear to the psychoanalyst; for instance, the story of the narcissistic cat that introduced Freud to the joys and sorrows of an animal lover, or the story of Freud's reaction to Andreas-Salomé's The Hymn to Life. There are descriptions or hints about the long walks through the deserted streets of Vienna at night, the weekly meetings with a group of friends in Freud's apartment and continued in coffee-houses. There are discussions and attempts to understand terms, theories, applications of psychoanalysis. They may not enrich our knowledge of psychoanalysis much but they portray the early days and the creative atmosphere in Vienna. There is a revealing statement concerning Freud's antagonism toward philosophy (p. 104). Andreas-Salomé says that it was essential for Freud to struggle against the need to think as a philosopher for ultimate unity, recognizing this need as a product of the anthropormorphic roots of philosophy.

The modern reader may develop a vague feeling of frustration when reading this Journal. He may hope for more insight than could be given. Here was an experienced writer and journalist who had interviewed almost every great and important man in Europe around the turn of the century and who had a unique chance to observe Freud and his friends in Vienna and who failed to do so, or

was apologetic and restrained about it. She did not study Freud but psychoanalysis. This was her intention and she stuck to it with determination, as expected from a good student. Her other journals, notes, and Freud's letters, yet unpublished, will tell the next chapter in the story of Lou Andreas-Salomé.

MARTIN GROTJAHN (BEVERLY HILLS)

AGORAPHOBIA IN THE LIGHT OF EGO PSYCHOLOGY. By Edoardo Weiss, M.D. New York: Grune & Stratton, Inc., 1964. 132 pp.

Following Federn, Weiss defines the ego as the core of the personality rather than as a substructure of the mind. In the present work, which is chiefly devoted to clinical studies, he shows how this concept of the ego offers a clue to human problems not otherwise intelligible. Dr. Weiss first described agoraphobia in a case observed in 1912, and has published fragmentary cases since then, but now for the first time he presents cases at considerable length, and this is his first published series of analyzed cases of this type.

The author summarizes his long-sought understanding of agoraphobia with these words: 'I now recognize that it is based on specific threats to the patient's ego unity'. The ego psychology of Weiss and Federn differs from the usual concepts in that the ego is conceived not as merely the sum of all its functions but as the cathexis which unites the aggregate into a new mental entity. Parallel to this metapsychological definition of the ego is the phenomenological one, that the ego is a phenomenon of experience (*Erlebnis*) that is sensed consciously and preconsciously as the ego feeling. Conscious ego feeling is sensed through a sharply focused awareness, whereas preconscious ego feeling is sensed as a feeling of confidence in the ability to perceive, to remember, or to repeat a familiar action. What is crucial, then, is proper sensing of reality by means of adequately cathected ego boundaries. Reality testing, the usual term for this function, is a misnomer according to Weiss: it appears in early childhood when motor experiences differentiate between self and nonself, and throughout life in complex processes of learning. When the cathexis of the ego at its various points of contact (ego boundaries) with its own components as well as with the unconscious and with the external world is adequate for its functioning, both the function-

ing of the ego and the ego feelings are normal. However when the integrative capacity of the ego is threatened, the cathexis at the ego boundaries is altered or the feeling of confidence and familiarity in various ego functions and ego feelings is impaired. There ensues what Weiss calls a unique and characteristic feeling of ill-being to which the patient reacts with anxiety. This is central to agoraphobia.

What is this feeling of ill-being and whence does it arise? Weiss found that every agoraphobic patient has a strong but blocked sexual urge which is included in a dissociated and repressed portion of his ego, a portion that usually belongs to a stage of childhood ego development or may have developed from some later identification. This portion, strongly activated in the unconscious by the inherent blocked sexual tension, cannot be integrated within the consciously functioning ego nor can it alternate with the functioning ego as in cases of dissociated or double personalities. The patient's effort to protect his ego against intrusion of the dissociated portion of the ego weakens his ego feeling and integrative capacity. Weiss calls such an impoverishment 'dynamic mutilation of the ego' resulting from excessive expenditure of ego cathexis. A dynamically mutilated ego is afraid to pass from one normal ego state to another, and when leaving a place of support it feels as though it is losing its identity; while parts of the patient's body, often his legs, lose their normal ego feeling, the patient feels insecure when walking on the street and may lose the sensation of the ground under his feet.

Weiss contrasts these impairments of the economy of the ego with the usual psychoanalytic explanations, which consider almost exclusively situations that arouse in the agoraphobic patient strong repressed impulses. But patients with strong exhibitionistic tendencies (women, for example with prostitution fantasies) are also caught by that feeling of ill-being in isolated places that offer no sexual temptations. The patient's attachment to mother and dependency on her, and his consequent separation anxiety are usually considered basic. However, regression to a dependent attachment to a mother figure—symbolically to one's own home—does not explain the ego disturbances productive of so much anxiety. Weiss emphasizes that such a regression in agoraphobia is the result, not the cause, of ego disturbance that increases the ego's need for security measures. None of the many interpretations of agoraphobia except

that of Weiss explains the frequent disturbances of the patient's sense of self.

This book contains a number of astute observations and practical ideas I have not encountered elsewhere. Weiss notes, for example, the importance of considering the postclimactic libidinal efflux (or its absence) in a total appraisal of the sexual life; also, the fact that the process of repression does not necessarily cancel the ego's excited expectation which is sensed as 'the feeling of emotional incompleteness'. Elsewhere he writes: 'In studying paranoiac patients I have noticed that they sensed their "false reality" with a different perceptive tone than the "true reality", even though they feel certain about hallucinatory and delusional contents. Many years ago I suggested to an intelligent schizophrenic patient that he call "reality A" the voices and sounds which I also could hear, and to call "reality B" those voices and sounds to which he responded but which I could not hear. Whenever I asked him then whether a voice or a sound which he heard pertained to reality A or B, he could always immediately distinguish one reality from the other. I subsequently found that all intelligent psychotics could immediately distinguish one perceptive tone from the other.' This of course offers important implications for therapy.

The book's appendix is a condensed summary of Federn's ego psychology, including chapters on The Ego Experience, Reality Testing, The Phenomenon of Egotization, Ego Boundaries and the Sense of Reality, Identity and Identification, and Protective Mechanisms Serving Ego Integration.

My critique will concern itself with some aspects of the ego and with phobic anxiety. Inevitably the wish arises to compare Federn's ego-psychological approach with the more usual analytic view of the ego. However, strictly speaking, they are not comparable. Niels Bohr stated that when a complex of phenomena is observed by means of two different sets of instruments, one gets two sets of findings, each finding having a relation to the others in the same set but not to those in the other set. He called this the law of complementarity. As our definitions determine our tools, they invoke this law of mutual exclusiveness. Thus we cannot compare ego manifestations defined mainly in terms of ego feelings with the same manifestations defined 'by no means only in terms of ego feelings'. Bohr's principle explains Waelder's comment on Federn's ego psychology: 'It is

legitimate to define it as the seat of sensations about oneself and the outside world. But one cannot do both at the same time without further investigation, i.e., one cannot take it for granted that integrative activities and sensations are always so closely associated that they must be attributed to the same agency. The ego of Federn which experiences the boundary between the self and the outside world, or between different parts of the self, need not be the same as the ego of Freud which signals danger and represses dangerous impulses.' On the basis of Weiss' findings, it may be said that although his view of the ego is, as Waelder states, that of a sensate organization, the meaning of the vicissitudes in the sensations derives from the economic variations within the cathexis of the ego. We do not yet know enough about the differentiations and other complexities of these cathexes, as Weiss himself noted. But one fact has been established by Freud—and perhaps more completely used by Federn and Weiss than by anyone else—: that the fundamental cathexes of the drives and of the ego are identical. Thus changes in each instantly affect the other economically and through resonance. We must also take into account the great mutability of the cathexis at the boundaries in contrast to its constancy at the ego core. There are differentiations both gross and subtle in the ego functioning; sensing danger and signaling danger illustrate this. But to speak literally of two egos is not to answer the question but only to open it. It seems to me that Federn's ego psychology neither displaces nor depreciates the ego functions; rather, by taking into account the economic vicissitudes of the ego cathexes it offers an additional and sensitive dimension for comprehending dynamic (intrasystemic) changes in the integrative capacity of the ego and their relation to dynamic (intersystemic) conflicts.

Nevertheless, the fact that Federn's ego psychology demonstrates its usefulness so dramatically in agoraphobia perhaps tells us something unique about each. The ego of the agoraphobic does appear to be somewhat special. Weiss tells us that these patients have more concern about the security of their countercathexes. They fear the loss of their identity or of being invaded by a dissociated portion of their egos more than do other neurotic patients. Their resistances take longer to resolve. After the lifting of their repressions their egos often need educational parameters to help them cope with the synthesis of the repressed drives and ego stages. While dynamic impair-

ment of the ego is part of every neurosis, it is in some patients recognized only by implication through lessened integrative capacity, preoccupations with one's own existence, and other similar signs; but all these to a relatively lesser degree than seen in agoraphobia. We deal here probably with a quantitative factor and certainly also with the factor of greater awareness on the part of the therapist. But awareness of these and other intrasystemic phenomena of the agoraphobic can sensitize one, as it has the author (also the reviewer), to the same phenomena in all syndromes where they are present to a lesser or greater degree. Indeed, Federn's findings about the ego are by no means confined to schizophrenic and other narcissistic conditions, as is sometimes stated.

A final word about the large and still moot question of anxiety, especially the relation between phobic and signal anxiety. Freud established the concept of signal anxiety—the inoculation by a small dose of anxiety as a means of warding off complete traumatic anxiety—in two cases of phobic anxiety, Little Hans and the Wolfman. Thus there is no doubt that for him phobic anxiety was purposive; it was defensive. Perhaps from this concept is derived the current tendency to comprehend all anxiety and all other pathological constructions as purposive. The tendency seems excessive. True, ego impairment is implied in the definition of a symptom and is recognizable in such expressions as unusual self-consciousness or ruminations about existence, but are there not realistic expressions of ego breakdown? Federn wrote: 'Anxiety primarily does not have a function; it is evidence of damage and of a functional defect', and 'In signal anxiety only the ego boundary is cathected; in real anxiety, the whole ego. Full anxiety is hallucinated terror, a signal is an approach to danger, and signal anxiety is hallucinated danger. . . . The anxiety signal (not the complete anxiety) is a later phobic mechanism but does not belong to "actual" anxiety and not to symptom formation.' I do not know quite how Weiss stands in this matter. At one point in the book he mentions that agoraphobic anxiety may also serve as an anxiety signal, it may secondarily become purposive or adaptive. But in several of the descriptions of cases I note a quality of complete anxiety—massive and disorganizing. The impression is less of a signal and more of an 'actual' type of reaction; or does Weiss make a distinction between the feeling of ill-being and the reaction of anxiety? Perhaps there is a continuum. At any rate,

it seems to be quite a problem to discern at what point evidence of damage and of disorganization is experienced as such and simultaneously used as an adaptation.

Another question. According to Federn, 'anxiety is hindered flight, hindered by masochistic ties, resulting in a feeling of terror—it is a feeling of nearness to death'. This leads to questions, not raised by Weiss, about the role of defused aggression and deneutralization in agoraphobia. These questions are especially relevant in a view of the ego that places the central importance on cathexis and its transformations. Though he may have some of the clues and answers, I believe that Weiss places these in the borderland of our knowledge for eager spirits to pursue. In this pursuit, I feel certain they will be stimulated by Weiss's seminal contributions in ego psychology and agoraphobia.

I. PETER GLAUBER (WHITE PLAINS, N.Y.)

ELEMENTS OF PSYCHOANALYSIS. By W. R. Bion. New York: Basic Books, Inc., 1963. 110 pp.

In this monograph, published originally for the Melanie Klein Trust, the author depicts psychoanalytic phenomena from a novel point of view: as elements that fit into a grid. This is, to the reviewer, a kind of psychological Mendeléyevian table of elements in which the ordinate or vertical axis is represented by categories of thought or emotion arranged in the order of shift from primary to secondary process (the primitive to the most abstract thought) and the abscissa or horizontal axis by a set of functions or uses to which the thought or emotion is put. This reviewer finds himself unable to assess the value of this approach, since it depends not only on prior knowledge and definition of Kleinian concepts but also on familiarity with previous works by Bion. For example, he writes: 'I have already discussed the signs L, H, and K in *Learning from Experience*. . . . The realizations from which they have been abstracted are usually represented by the terms "love", "hate", and "know". Using the notation R derived from the word "reason" . . . and *I* derived from the word "idea" and all realizations it represents including those represented by "thought", *I* is to represent psychoanalytical objects composed of α-elements, the products of

α-functions. I have described what I mean by this term elsewhere . . .' (pp. 3-4). Most important, the key to the understanding of the grid elements is said to depend on certain Kleinian concepts, not discussed but symbolized as follows: 'On the PS $\leftrightarrow$ Dep operation depends the delineation of the whole subject: on the successful operation of ♀ ♂ depends the meaning of the whole object' (p. 90).

This is a serious attempt to describe psychoanalytic phenomena in a manner the author finds clinically useful. 'The signs chosen to represent the elements are to aid in working on and thinking about the experience of the analysis' (p. 68). 'The object of such extra-sessional work is to substitute creative thinking for laborious and frequently meaningless note-taking; it provides practice, analogous to the musician's scales and exercises, to sharpen and develop intuition. It becomes increasingly possible to arrive at conclusions instantaneously which at first are the fruits of laborious intellectualization' (p. 73).

It is most likely that the average student of psychoanalysis in this country will have difficulty in reading this monograph. Besides the difficulties mentioned, this reviewer finds the idiosyncratic mixture of English capital letter symbols (not always meaning the same thing, for example, H may stand for 'algebraic calculus' or 'hate'), Greek letter symbols, and biological symbols more confusing than illuminating. The analogies the author makes to mathematical and chemical concepts are stimulating and challenging, but their appropriateness is questionable and they demand a clearer and fuller exposition than can be found in this volume.

DANIEL SILVERMAN (PHILADELPHIA)

DREAM INTERPRETATION. A New Approach. By Thomas M. French and Erika Fromm. New York: Basic Books, Inc., 1964. 224 pp.

In the second volume of The Integration of Behavior French outlined his theory of the dream. He depicted the dream work as consisting primarily in a struggle to solve a current problem of life and operating in the intuitive practical manner that we use when sizing up a real life situation. French stated that every dream has many meanings which can be fitted into a close-knit logical structure, the cognitive structure of the dream which also fits into the structure of the dreamer's waking thoughts and behavior. In the present volume,

written more for the general reader than his earlier work, French collaborated with Erika Fromm in an extension of these concepts.

The first section, Even the Thought Processes in Dreams Make Sense, considers the imaginative and critical use of empathic understanding in dream interpretation. The authors state that in reconstruction of the cognitive structure of the dream, the current focal conflict is revealed as well as many subfocal conflicts reaching back to infancy. Study of the manifest dream and of the dream's cognitive structure may also throw light upon the character and intensity of defensive operations.

French and Fromm consider that Freud failed to recognize the importance of problem solving in dreams, that his description of the primary process did not do justice to the thought processes involved in dreaming, and that use of the traditional method tends to direct the analyst's attention prematurely to the past and to bypass the current conflict. 'It is impossible to conceive', they write, 'how thought processes based only on free and massive displacement of energy along any available pathway could give rise to the sensitive, intuitive understanding that gifted artists possess'. Freud was satisfied, in French and Fromm's view, with finding the infantile wish and did not deal adequately with the dreamer's motive that is reactive to the wish. In their own method of dream interpretation they first aim to discover the dreamer's problem, that is, how to reconcile a disturbing wish with the reactive motive to which it has given rise. They next inquire how this problem is related to other parts of the dream and its associations and can then reconstruct the cognitive structure of the dream.

In the study of the dreamer's thinking, the functional units are problems—not wishes or fantasies. Wishes are the dynamic stimuli that activate problems and wish-fulfilling fantasies are attempts to solve problems.

The second section, An Operational Approach to Interpretation and Theory, is concerned with the use of two kinds of language in the authors' interpretive procedure. In the phase of empathic understanding, the analyst requires an intuitive grasp of the evocative language of the unconscious; in the phase of conceptual analysis, he translates what has been grasped empathically into the language of scientific analysis, enabling him to test against evidence what has been grasped intuitively.

The third section on The Psychology of Dreaming extends the authors' views of the dream work and its relation to the thought processes underlying rational behavior in waking life. Comparing their theory with that of Freud, they criticize the concept of the primary process as a distortion in that it assumes that primary process thinking is an early stage of rational secondary process thinking. They contend that nonverbal thinking undergoes an autonomous development suited to the practical understanding of problems and people and relate this development to Piaget's observations on symbolic play in the child, on the growth of the child's mechanical sense, and on the origins of the child's empathic understanding. They describe the child's intuitions of the mother's emotional reactions as the basis of nonverbal understanding which is later supplemented by the development of empathic understanding of another person's feelings and behavior by identifying with him. Empathic understanding involves an act of imaginative identification followed by introspection and projection. There is a close structural similarity between empathic understanding of another person and introspective insight. In empathic understanding there is a token identification only, permitting the observing part of the ego to sense the quality of the other person's feelings.

French and Fromm state that the process of listening to the chain of associations does not make sense out of the dream. This is because the chains of association are the disintegration products behind which the significant empathic thought processes are hidden. In the dream work, the verbally expressed latent dream thoughts have undergone disintegration. The result is what seems to be a free displacement of energy without regard for reality or syntactical logic. Displacement of energy from one psychic element to another is deliberately playful yet may be a step toward solution of a problem or an attempt to make play of it and abandon commitment to it—like the manic flight of ideas.

In waking life the person will not let himself be committed to a problem that is too disturbing but turns back in 'a prophylactic defense' to one that is soluble in the real world. In sleep, he does not have this recourse but may replace disturbing problems with wish-fulfilling illusions. As the depth of sleep diminishes, however, the pressures of the emerging conflict force the dreamer to awaken and realize he has only been dreaming. The dreamer may then find him-

self prematurely committed to a disturbing problem. He may endeavor, in the dream work, to turn to some less disturbing problem, may ridicule his conflicts by playing with the fragments of his previous thinking, or may awaken with anxiety.

In an attempt to break down the primary process concept into more precisely defined categories, the authors distinguish between inadequate forms of empathic thinking and the disintegration products of verbal thinking. Inadequate forms of empathic thinking include those that have succeeded in postponing commitment to disturbing problems as in empathic fantasy, simple wish-fulfilling dreams, or substitution of a less disturbing problem.

The dreamer's attempts to find a solution to his focal conflict are based upon a hierarchy of attempts in his past to find solutions to those nuclear conflicts from which his current conflict derives. Analysis of the historical background of a dream makes it possible to reconstruct significant problems from the dreamer's early life and mechanisms employed in the dream may be related to their development in the early history of the ego.

In their consideration of preconscious processes and ego functioning in dreams the authors have made a useful contribution. They offer an imaginative and meaningful discussion of problem solving in which the ego functions integratively and defensively in a manner related to its attempts to find solutions to past conflicts. Again, their comparisons of the dream work with Piaget's observations on symbolic play and learning processes in the child are in line with the broadening interest of psychoanalysts in Piaget and offer possibilities for further study.

In their approach to the manifest dream, the authors' method is somewhat similar to that described by Erikson in his Dream Specimen of Psychoanalysis but they have not shown, as Erikson did, the pervasive influence of the infantile wish. They tend, in fact, to devalue infantile material and the primary process, a tendency which has impoverished their illustrative clinical data. A fuller pursuit of the chains of associations to their infantile origins might well have strengthened their intuitive interpretations.

Little attention is given to the problem of regression and although they present an interesting description of playfulness as a defense and compare it with the manic flight of ideas, the authors do not refer to Lewin's psychoanalytic studies of mania.

The reviewer feels that French and Fromm in their ambition for a 'new approach' have missed an opportunity to correlate their work with the main body of psychoanalytic thought. It would have been consistent with their interest in cognitive structure to have related their contribution either to the structural or the topographical theory. It is well known, however, that this omission is by no means characteristic of Dr. French's clinical teaching which reveals a broader, more inclusive approach. Publication of some of these seminars would be a welcome supplement to this volume.

DOUBLAS NOBLE (WASHINGTON, D. C.)

SCIENCE AND PSYCHOANALYSIS. Vol. VI. Violence and War; with Clinical Studies. Edited by Jules H. Masserman, M.D. New York: Grune & Stratton, Inc., 1963. 284 pp.

This volume is sixth in a series issued by the Publications Committee of the Academy of Psychoanalysis, and consists of papers grouped under three sections. Part I, on Violence and Warfare, includes contributions from anthropologists and sociologists and is primarily concerned with the relationship between group behavior and social structure.

Part II, Clinical Research, begins with Masserman's A Dynamic Story of the Homoclite, a term suggested by Percival Bailey 'to apply to my group of healthy conformists'. Although he gives lip-service to genetic and structural frames of reference in an attempt to understand the so-called normal personality, the author barely passes beyond descriptive psychodynamic observations. It is evident that he is unable to get far because he does not apply the psychoanalytic method to his material. Another paper makes certain observations on parental reactions to their children's dreams. The paper on The Dissociation-Association Continuum is purportedly concerned with 'levels of awareness', and bases one of its conclusions upon a misunderstanding of Freud's concept of 'repression', resulting in the substitution of a theory that confuses rather than explains the phenomena. Electronic Computers in Psychoanalytic Research fails to demonstrate what more the computer can tell us than can be gained from the psychiatric interview, to say nothing of the psychoanalytic process. The advantages of 'systematization' are question-

able, not only as to whether additional knowledge of the patient is obtained by use of the computer, but whether its use is of therapeutic value. One may speculate that its use is intended to dispense with the therapist. This section certainly raises a doubt about the proper meaning of 'research'. The papers make many valid observations, but research is more than a descriptive accounting and recording of facts. In psychoanalytic investigation the term requires redefinition.

The papers in the third section are so eclectic in their orientation that a psychoanalyst, in commenting upon them, finds himself in a difficult position. He either must contend that they are not concerned with psychoanalytic matters, or he must argue about basic concepts. The papers range from discussions of techniques of therapy, anxiety, somatic symptoms, and dreams, to drug therapy—certainly a potpourri if not a plethora.

I would like to make a few general comments on a book such as this one. Is this Science *and* Psychoanalysis? If the two terms, 'science' and 'psychoanalysis', are joined together, the one must have something to do with the other. Does this series of volumes have as its purpose to delineate the place of psychoanalysis in science? Or, in its eclectic way, does the editor simply intend to collect papers from various overlapping disciplines under one cover? (In logic one does not couple the generic with the specific by a conjunction.) Psychoanalysis is a science. It is the science of the psychic structure and function of the human mind; therefore one should not speak of 'science *and* psychoanalysis', but rather the 'science *of* psychoanalysis'. This confusion is understandable when we realize that many of the contributors to this series may not be clear about the fundamental concepts of psychoanalysis.[1]

The contributions to this volume are committed, implicitly or explicitly, to what has come to be called a culturalist bias. Hartmann has discussed how individual conduct is affected by cultural factors, either by their influence on 'the central structure of the personality' (e.g., by provoking reaction-formation, or a severe superego reaction), or where their effect is remote from the 'nucleus of the personality'. In the latter, the superficial layers, rather than the

[1] A good book to read for clarification on this subject is Waelder, Robert: *Basic Theory of Psychoanalysis.* New York: International Universities Press, Inc., 1960.

psychic structure itself, are affected, as in choice of rationalization or mode of expression. For the influence of cultural factors on 'the frequency and type of neuroses', Hartmann introduces the term, 'social compliance' (analogous to Freud's concept of 'somatic compliance') to designate how social factors are operative 'in the direction of the selection and effectuation' of expression of emotional tendencies; i.e., how social factors may encourage or inhibit the expression of potentialities in the structure of the individual's personality, and how such factors may facilitate or aggravate the solution of conflicts. Hartmann reminds us that the structure of reality is never excluded from psychoanalytic considerations; that Freud's theory of anxiety relates internal to external danger; and that Anna Freud, identifying the defenses, describes them as functioning both against the external and internal world. Although psychoanalysis emphasizes the developmental and structural aspects in any conflictual situation, the role of economic and other social factors are regarded as 'partially independent variables'; moreover, psychoanalysis is interested in all the variables that are applicable.[2] We must add that emphasis of ego psychology on the development of object relationships establishes the basis for an understanding of the interdependence of individual and environment; furthermore, in analyzing the aims and objects of the drives, their vicissitudes and sublimations, reality is assessed according to its dynamic and genetic impact.

The preface to this volume by the editor is in answer to a communication by Dr. Maxwell Gitelson[3] in which Gitelson questions the authority of the Academy to appear as a spokesman for psychoanalysis. The proof lies in the evidence rather than in the exhortation to which Masserman resorts. Judging by the contributions of its members, not only are there distortions of psychoanalytic concepts, but attempts to redefine them, the one often confused with the other. If the last section of this volume were only an attempt at the latter, the term suggested by Dr. Gitelson, 'neo-analysis', should be accepted. Then the argument would be drawn around the specific question of whether the new concepts better explain psychic

[2] Hartmann, Heinz: *Essays on Ego Psychology. Selected Problems in Psychoanalytic Theory*. New York: International Universities Press, Inc., 1964.

[3] Gitelson, Maxwell: *The Curative Factors in Psychoanalysis. I. The First Phase of Psychoanalysis*. Int. J. Psa., XLIII, 1962, pp. 195-205.

phenomena. As it stands, Masserman seems to want his cake and to eat it at the same time. But such is the inevitable course of eclecticism. The basic concepts of psychoanalysis have been clarified, and well-delineated as to their specific application in the theory of neuroses, and in their general application to the historical and behavioral sciences. Scholarly and authoritative studies are continually being done in these areas by analysts who are neither confused, nor feel an urgency to overthrow the 'old order'. None of this has any relevance to the dogma of the Catholic Church nor to partisan politics, which are invoked by Masserman in his reply to Gitelson.

Masserman is so palpably tendentious that one is hard put to decide how to approach this volume critically: whether to dissect each paper for its distortions and misinterpretations, or to give a general impression, and alert the reader to areas of basic disagreement with psychoanalysis in both language and concept. There are any number of published contributions to these subjects that much better warrant the expenditure of a busy practitioner's time and efforts. There are current classics in the field of clinical and applied psychoanalysis that clarify rather than confuse, for instance, The Psychoanalytic Study of the Child.

Z. ALEXANDER AARONS (WALNUT CREEK, CALIF.)

AN EGO-PSYCHOLOGICAL APPROACH TO CHARACTER ASSESSMENT. By Ernst Prelinger and Carl N. Zimet, with the collaboration of Roy Schafer and Max Levin. New York: The Free Press of Glencoe, 1964. 211 pp.

The definition of character continues to be one of the most difficult and ultimately elusive propositions in psychoanalytic research. The authors of this volume have drawn together some of the major relevant contributions to their subject, from Freud through Erikson. One misses references to such major contemporaries as Lewin and Greenacre, not to mention Nunberg's classic paper on the synthetic function. The authors deserve credit for granting a fuller emphasis than is usually given to Wilhelm Reich's fundamental and lasting contributions to psychoanalytic characterology.

Although a significant number of sophisticated approaches to the study of character have been devised in recent years, the techniques

advocated often lack a unitary theoretical orientation and tend rather to have an *ad hoc* character. They are directed toward a specific purpose—for example, the selection of officers for the army or students for the ministry. These the authors designate 'assessment-*for*' rather than 'assessment-*of*' techniques, and they propose instead a more generalized method with a unitary, psychoanalytic orientation.

The authors adopt as a text Fenichel's concise statement: 'Character, as the habitual mode of bringing into harmony the tasks presented by internal demands and by the external world, is necessarily a function of the constant, organized, and integrating part of the personality, which is the ego'. The system which they present, and illustrate with two fully detailed protocols, consists of a formidable list of seventy-eight rating scales, each representing a dimension of character (adequacy of reality testing, cognitive reactivity, etc.). The dimensions are grouped into eight categories (ideational styles, prominent affects, adaptive strengths, etc.).

This all looks very thorough; however, one wonders what may be lost in subtlety and flexibility through the application of such a 'systematic' check list to the examination of character. The distinction between 'assessment-*for*' and 'assessment-*of*' is also questionable. If the purpose of such an examination is neither selective nor validative, what might it be? It is not diagnosis, for the authors specifically address themselves to the evaluation of 'nondisturbed' individuals and to processes of 'normal development' and 'normal functioning'. They claim to focus on 'understanding' rather than 'prediction', but they would have done well to say what they mean by 'understanding'. Without such a definition they are begging the question.

HENRY EDELHEIT (NEW YORK)

PASSIVITY. A STUDY OF ITS DEVELOPMENT AND EXPRESSION IN BOYS. By Sylvia Brody, Ph.D. New York: International Universities Press, Inc., 1964. 184 pp.

The problem of passivity is a chronic one in psychoanalytic theory and practice. As a concept it has been examined by a succession of thinkers from Freud to our day, each approaching it from a some-

what different point of view and each adding to our enlightenment, although not providing the definitive conceptual clarification we seek. In a previous book, Patterns of Mothering, Sylvia Brody, an eminent child analyst and investigator, cast sharp light on the variations of early interactions of mother and infant. She now explores the problem further in an extensive and detailed report of the analyses of two preadolescent boys whose hypnagogic experiences formed the basis of much of their analytic work.

Much of the difficulty in earlier considerations of the question of passivity has been a failure to define adequately the terms used. Dr. Brody avoids this pitfall. By surveying the literature in detail she succeeds in exposing our conceptual confusion, and by clearly differentiating among passive aims, passive experiences, and passive behavior, she removes a good deal of the chaos. For example, she emphasizes the fact that the infant who is cared for by his mother is not necessarily passive; he may, to the limit of his maturational capacities, be active in pursuit of his aims and he may be involved in aims which are in themselves active, such as to suck or move about. Dr. Brody sees passivity essentially as the persistence of, or regression to, oral aims in later developmental phases. In this she follows the lines of thought laid down by Lewin. She uses, to great advantage and with remarkable penetration, his conception of the oral triad, integrates the hypnagogic experiences reported by her patients with his observations on the dream screen, and shows how wishes to be cared for by mother, and to submit to her, underlie the clinical neurotic patterns in these children.

Particularly brilliant and incisive is Dr. Brody's chapter on the formation of the body image, in which she shows how vicissitudes in early mothering help to shape the infant's conception of his body and the distribution of self and object cathexes. It is unfortunate, however, that she adheres to Freud's early views on narcissism, ignoring the recent reformulations of the concept offered by Jacobson and by Hartmann and his associates. Indeed, it is rather remarkable that in a volume dealing with aspects of early personality development the name of Hartmann does not appear once, and no reference is made to his work in the extensive bibliography.

The tendency to focus on the vicissitudes of drives to the relative exclusion of the ego is a consistent and, I am sure, intentional characteristic of the book. Thus the author dismisses rather per-

functorily Rapaport's brilliant and searching, even though incomplete, effort to conceptualize activity and passivity in terms of the ego's mastery over drives. In the process, she deprives herself, this reviewer believes, of the ability to explain how and why some children pursue their passive instinctual aims by passive means, while others (such as the children described in this book) are vigorously and effectively active in doing so. Similarly, in her concluding chapter Dr. Brody offers a schematic outline of the maturational and developmental conditions that, in her view, foster the emergence of active rather than passive aims. This turns out to be a statement in environmental, behavioral, and metapsychological terms of the conditions that are optimal for healthy development in general, and the development of an effective adaptive ego in particular. Dr. Brody relates this material to considerations of drive, but it requires little effort on the part of the reader to supply the necessary extrapolations to ego constructs.

It is not until the very end of her text that Dr. Brody deals at any length with the question of constitutional predisposition toward the development of passive modes of function. This she does only to dismiss it, at least in so far as her interest or range of inquiry are concerned. Here again it seems to me she flies in the face of much recent work on constitutional activity patterns, special sensitivities, innate tension-reduction dispositions, and the like, which strongly indicate that some innate factors are operative at least as contributing, and perhaps as necessary if not sufficient, elements in the developmental determination of broad patterns of adaptation. Again, a disinclination to consider structural aspects of development seems to direct the author away from a body of data which is, at the very least, highly suggestive.

In the introduction Dr. Brody states that she proposes to offer a set of heuristic hypotheses bearing on the genesis of passivity in boys. In her conclusion she indicates the need for detailed longitudinal studies of development to confirm, amplify, or refute her hypotheses. In the first case, she builds on her unique clinical experiences a theoretical structure that is capable of being pursued and tested by others in both clinical and investigative settings. In the second, she acknowledges what all who venture into the area of early development must ultimately come to terms with—that the definitive resolution of conceptual confusions can emerge only from direct obser-

vation of development by increasingly refined methods. Dr. Brody has contributed an enormously thoughtful and provocative guideline for such investigations. For this, as well as for her splendid descriptions of clinical analytic work with children, her book should be welcome fare for all psychoanalysts and students of child development.

AARON H. ESMAN (NEW YORK)

MODERN PERSPECTIVES IN CHILD DEVELOPMENT. IN HONOR OF MILTON J. E. SENN. Edited by Albert J. Solnit and Sally A. Provence. New York: International Universities Press, Inc., 1964. 666 pp.

Present and former colleagues and students of Professor Milton J. E. Senn honor his sixtieth birthday in this collection of papers. The table of contents traces the growth of Dr. Senn's professional interests. The first section deals with the biological aspects of child development; later ones with theoretical and clinical considerations in pediatric practice and education, child psychiatry, and child development. Dr. Senn, as Professor of Pediatrics and Psychiatry at the Yale Medical School, established the well-known Child Study Center. The editors point out, in a touching foreword, Dr. Senn's dedication not only to scientific investigation but also and especially to the education of those who care for children.

The content of this volume is so rich and comprehensive—and, incidentally, scarcely 'reviewable'—that one can think of it as a kind of selected reference work. After a first section concerning physicians and human development as a science, come biological studies, including a case study of congenital multiple enzyme deficiency, and an essay on mammalian developmental enzymology which points out the age-specific variations in activity of a number of enzymes. A study of visual behavior of newborn infants shows that ninety-five percent were able to follow a visual stimulus with their eyes. A short note on retardation of growth associated with maternal deprivation in a five-year-old boy with 'emotionally engendered hyperadrenocorticism' follows.

The editors point out that although Dr. Senn has identified himself as an eclectic in child development, he has committed himself to a psychoanalytic view of the child in the family. In subsequent papers Anna Freud defines the concept of regression in various

areas and points out its applicability in pediatric observation. A longitudinal study from Yale illustrates Ernst Kris and Dr. Senn's methodology as applied to the development of motor activity, showing the relation between the child's innate equipment and his mechanisms of adaptation. Alan Frazer presents clinical evidence of the relation between transitional (material) objects and later thought processes showing how they are both used in experimental investigation of inner and outer reality. There are a comprehensive review and criticism of the intellectual evaluation of the brain-damaged child and a longitudinal study of familial mental retardation which emphasizes the complexity of the biological and psychosocial factors involved. A sensitive paper by Solnit and Green describes pediatric management of the dying child; another by these writers concerns collaboration between the pediatrician in the hospital and the child psychiatrist in adolescent suicidal crises. Dane Prugh presents a very long, inclusive review of the literature, with extensive bibliography on modern theories of health and disease.

In the fourth section Morris Green, Barbara Korsch, Richard Cushing, and Morris Dixon, Jr. discuss problems of the practice of pediatrics. Richard Wolfe considers the needs of the child in the hospital and how they can be met, Norman Cohen and Martha Leonard contribute a clinical article on the pediatric management of 'acute school avoidance', and Roswell Gallagher writes a knowledgeable piece about what the physician can offer the adolescent.

Part Five, Child Guidance Today, contains an article showing how the complexity of our knowledge of child development has entered into the work of psychiatric clinics for children, and another that considers the parents' motivation for bringing the child to a clinic and how this can be effectively included in the treatment.

Part Six, on Medical Education Today, includes Wallace Grant's description of a teaching program in 'pediatric ecology, the family's total environment' and Joe D. Wray thoughtfully considers the problem of children in other countries, especially in undeveloped areas, and what American pediatrics can contribute. Mary Stark writes about the contribution the social worker can make to pediatric education and to the armamentarium of the pediatrician. Morris Wessel discusses training in neonatal pediatrics, pointing out the possibility of integrating both our physiological and psychologi-

cal knowledge. Finally, Seymour Lustman and Julius Richmond perceptively describe the problems of the transition of the medical student into intern and intern into practicing physician.

The final section on Education for Children, Parents, and Teachers, contains a discussion by Evelyn Omwake of play, spontaneous and 'adult prescribed', in terms of cognitive development and the assessment of later learning patterns. Henk Veeneklass contributes an interesting historical account of a day nursery in The Netherlands from 1945 to 1960, as it reflected the change in the surrounding society. Anna Wolfe contributes a retrospective reflection about parent education; Julius Richmond and Betty Caldwell, a review of the changing ideas of child rearing and their effect as seen in follow-up studies of children. The final article, by Seymour Sarason, considers the contribution the mental health profession can make to education of teachers. The volume contains a list of the publications by Dr. Senn.

MANUEL FURER (NEW YORK)

THE PSYCHOLOGY OF LEARNING AND TECHNIQUES OF TEACHING. By James M. Thyne. New York: Philosophical Library, Inc., 1964. 240 pp.

In a book intended for student teachers, the author aims to show how a knowledge of the nature of learning can give guidance to the act of teaching. Thyne restricts himself to a limited group of topics in order to establish a systematic relationship between the technique of teaching and the 'necessarily limited knowledge the student-teacher can be expected to acquire'.

After defining learning briefly as adopting a new response to a situation, Thyne offers a 'theory of learning' (differentiated only in an ambiguous fashion from the better-known learning theories) which we are to understand by its four requirements: cue, force (initiating a behavior), pilot cue, and tie. Thyne goes on to offer a poorly integrated mixture of Pavlovian conditioning and behavioristic theory to explain the various methods of learning through habit-formation, habit-breaking, and explanation. He even suggests and approves of the 'habit-breaking technique' for curing enuresis by the mattress-bell conditioned reflex warning system.

The significance of internal forces, instinctual drives, ego functioning, identifications, and motivation (as analysts understand it) is completely omitted, minimized, or denied. Everything is external and can be understood by observing overt behavior. Analogies are frequently made with physical theory; rarely are psychological concepts or theories considered. Even the academic learning theorists are almost completely ignored; so is the interplay between maturation and learning.

In the latter half of the book the author attempts to offer a simple manual (in general terms) for beginning teachers with suggestions and rules for classroom and individual teaching. However, the basic orientation of the book remains unchanged, and it offers no contributions or clarifications to the psychology of learning or the techniques of teaching.

On page 80, we read, 'In this account I have said nothing of the Freudian view of forgetting, but it is of interest to observe that material which is "repressed" is usually "out of accord" with the subject's established ways of thinking, acting, or feeling. It does not "fit into" a dominant mode of behavior. The Freudian view, and the view I have been advocating here, are probably not so very different.' After this statement, one can read on more in sorrow than in anger.

The book cannot be recommended.

BERNARD D. FINE (NEW YORK)

THE UNIVERSAL EXPERIENCE OF ADOLESCENCE. By Norman Kiell. New York: International Universities Press, Inc., 1964. 942 pp.

The present volume, a companion of Dr. Kiell's earlier collection of passages from fiction that deal with the experiences of adolescence, sets out to establish the universality of psychoanalytic propositions, such as 'the universal application of the recapitulation of the œdipal conflict during adolescence'. To this end, passages from more than two hundred autobiographies, diaries, and letters are collected as documentary evidence of the sameness of the 'psychosocial' and 'psychobiological' experiences of adolescents in all ages and cultures. These passages come almost exclusively from the Western World of the last two thousand years. The documents are presented

under eighteen topical headings, such as Psychosexual Characteristics, Contradictions, Ambivalences, Polarities and Defenses, and Sibling Feelings. Each chapter is prefaced by a psychological exposition of the adolescent experiences to be documented by the excerpts that follow. These introductions, as well as all other passages by Dr. Kiell, are so heavily burdened by quotations that his own writing often fades into paraphrase of the experts. Dr. Kiell is, indeed, sophisticated in scientific use of autobiographical data (evaluation of credibility and reliability) but the psychoanalyst can hardly suppress a disquietude as he reads this volume, filled with the most thought-provoking pieces of writing put together to validate psychoanalytic theory. We have, of course, long been accustomed to the artist's lending a poignant illustration to some special aspect of a psychoanalytic paper,—Gloucester's soliloquy, for example, in Freud's The 'Exceptions'—, or to have a piece of writing subjected to analytic study in the light of the writer's life history; but to use literary or autobiographical passages to give credence to the universality of a psychological theory presents a new and not too convincing approach.

In a critical consideration of Dr. Kiell's book two points should be made. The first concerns his rather schematic and doctrinaire use of psychoanalytic theory, equating the content of a passage with its psychological meaning. By so doing the highly complex and multifaceted adolescent process is fitted into simplified categories. Pre-œdipality or pregenitality occupy an awkward place, if any at all, in the total picture. As I read passages under one topical heading, I found myself thinking that this piece might equally well belong under several others. Apparently the classification of a given excerpt has been determined by its obvious theme. But the psychological introductions to the topical selections expound genetic, dynamic, and structural theory. Abstractions of this kind cannot be supported by descriptive data of only thematic relevancy. The documentary selections had better be left to speak for themselves.

The second point of criticism concerns method. For a psychological interpretation or classification at least two sets of data are needed: either the document and the circumstances of its author's life or the document and the relevant prevailing ethos of the times. Then and only then can a point of intersection be obtained—the point to be made. Since the study of any individual adolescent is not

the object of Dr. Kiell's work but rather the formulation of psychological universalities, the autobiographical documents ought, I believe, to be placed in the respective historical setting that gives adolescence its very special countenance. To illustrate, in the Werther period of the late eighteenth century, affectionate friendship and a flood of tears among older male adolescents were the signs of true manliness in contrast to the 'playing it cool' of present-day youth. Can documents from the Werther period prove the universality of homosexual tendencies in adolescence? Certainly not. Conscious guilt over masturbation will be conspicuously absent from autobiographies of today's sophisticated adolescent, compared with the tortured outcry of such pre-freudian confessions as those of Theodore Dreiser. Does this mean that guilt over masturbation has lessened or ceased to exist? Certainly not.

As a source book this volume should be welcomed by all interested in adolescence. Regrettably, there is no index to help the reader find either authors or topics. But we are indebted to Dr. Kiell for his gigantic and erudite labors in compiling these remarkable and often totally unknown documents.

PETER BLOS (NEW YORK)

PSYCHOANALYTISCHE SCHRIFTEN ZUR LITERATUR UND KUNST. Ausgewahlt und herausgegeben von Egenolf Roeder von Diersburg. (Psychoanalytic Writings about Literature and Art. Selected and edited by Egenolf Roeder von Diersburg.) By Georg Groddeck. Weisbaden: Limes Publisher, 1964. 338 pp. Illus.

The psychoanalyst will find this an informative selection from Georg Groddeck's writings. Egenolf Roeder von Diersburg tries to introduce Groddeck and to help in the transition from chapter to chapter—but does so in an old-fashioned, schoolmasterish way, complicated by a Germanic style thought to have been outmoded fifty years ago but which seems to persist. It stands in strange contrast to the language used by Groddeck himself who, like Freud, was a master of the German language.

The selection shows Groddeck at his best, emphasizing his enormous capabilities and his incredible knowledge of linguistics, history, art, literature, mythology, philosophy, and medicine. Groddeck's wisdom in its more gentle form is shown; Groddeck's wildness, his

often provacative masochistic exhibitionism, and his, at times, demonstrative rebelliousness against conformity is tactfully underplayed.

Groddeck's preanalytic period (approximately until 1917, when he wrote his first letter to Freud) is represented by his studies of Ibsen and some of his early philosophical essays. The middle third of the book contains some samples of Groddeck as a psychoanalyst, among them an interpretation of the Ring of the Nibelung which contains deep insight into the nature of the Aryan character, equaled only by Fritz Wittel's later essay on the same topic. It is followed by an undated and unknown essay on music, leading to two of Groddeck's best essays, on Peer Gynt and Faust, which show Groddeck in his lifelong love and study of Goethe. In all his wildness and in his pride in being untamed he shows himself here somewhat like an abstract painter who suddenly puzzles his friends by exhibiting a Raphael-like mastery of technique. Groddeck was a true *Goethe Froscher,* as he was a truly devoted friend of Freud, who wrote to him letters of great understanding, tolerance, and friendship.

The last third of the book brings a study of Hoffman's *Struwwelpeter,* skilfully compiled from four different manuscripts and lecture notes given in Berlin to the Psychoanalytic Society in 1918.

Finally, quotations are given from The Book of the It and The World of the Symbols. There are many short sketches not mentioned here, among them the famous Visit to a Museum from *Der Seelensucher* which has never been translated into English and which, together with a hilarious railroad scene from the same book, delighted Freud so much.

To the German-reading analyst, this selection is a nostalgic reunion with a friend from the time after World War I.

MARTIN GROTJAHN (BEVERLY HILLS)

THE ENCYCLOPEDIA OF MENTAL HEALTH. Six Volumes. Editor-in-Chief, Albert Deutsch; Executive Editor, Helen Fishman. New York: Franklin Watts, Inc., 1963. 2,228 pp.

This large undertaking was designed to meet the public need for sound information on mental health presented in simple terms that the general reader could understand. Albert Deutsch who was ap-

pointed Editor-in-Chief in 1960 wrote in the original Prospectus: 'The publishers have assured me that they want a sound compendium on mental health that could provide useful, authoritative information for the general public, and this is what I intend to give them'. Following his death in 1961, Helen Fishman became the Executive Editor.

The six volumes contain one hundred seventy original articles by one hundred forty authors and co-authors, a list of agencies, a bibliography, glossary, name index, and subject index. A board of consultants was selected to review the articles, write some themselves, and suggest authors. The articles are arranged alphabetically by title and, for the most part, the treatment is in the form of question and answer. The typical article is about twelve pages in length. The articles cover just about every conceivable subject from abortion to young adulthood.

An examination of these volumes will prove that a significant portion of the articles is extremely well done and provides an authoritative and comprehensive coverage for the layman of this broad field. Well-organized and well-written, it has an attractive format and is easy to use. There is probably no other work in the field that is comparable to this one in scope, treatment, and arrangement. The articles, clearly and carefully written with a minimal usage of technical terms, are refreshing to read. The question and answer treatment of the articles proves to be a help in the organization and clarity of the writing, and in readability.

Some of the articles seem disproportionately short or long. Adoption, for example, is given thirty-nine pages, Abortion twenty pages, whereas Anxiety is given only five pages (less than is given to the topic, Animal Psychology), and Ego is given only six pages (seven less than Existential Therapy). The contributing authors represent many diverse disciplines and points of view. Though many of the articles are not written by psychoanalysts, or from a psychoanalytic point of view, the impression remains that the psychoanalytic viewpoint is the predominant one in the large majority of instances.

This is a useful and reasonably accurate nontechnical presentation for laymen and can be recommended to libraries and interested individuals.

JOHN B. MC DEVITT (NEW YORK)

ILLNESS AND CURE. Studies on the Philosophy of Medicine and Mental Health. By Joost A. M. Meerloo, M.D. New York: Grune & Stratton, Inc., 1964. 282 pp.

In this short monograph Meerloo deals with a variety of topics including historical concepts of disease from Hippocrates to Boerhaave, the Seventeenth Century Dutch physician from Leiden (where Meerloo received his medical training). He writes about epistemological concepts applied to medical thought, ambivalence, regression, professional preoccupations and prejudices, analysis of curative motivations and directions, and the meaning of therapeutic contact between psychiatrist and patient. It is often unclear how the concepts that Dr. Meerloo discusses pertaining to somatic medicine apply to psychiatry.

Meerloo underscores again and again the eclecticism of his approach and indicates his opposition to being considered a member of any school. Nevertheless the concepts behind his psychiatric thinking are almost all freudian, but attenuated. One might describe him as an eclectic by dilution. For example, although he states that transference is more than fifty per cent of the secret of cure, he devotes approximately two pages to this important topic, making a few such unrewarding statements as that the patient unwittingly wants his physician to be God, magician, and miracle worker.

Regression likewise becomes the theme for an unenlightening discussion in which we are informed that it sometimes has a kind of intrinsic curative function epitomized by the saying, '*Reculer pour mieux sauter*—walking back in order to jump better' (p. 101). We are informed that 'The mysterious processes of regeneration on which all cure depends continually utilize these backsliding habits of cells and tissues in the service of repair. Regression often takes place in the service of reconditioning and man's renewed planning in futurization' (p. 100). We see here an example of the unwarranted jump that Meerloo makes from physical medicine to the mental. What he says about regeneration of cells and tissues he displaces to mental structures and functions without realizing that the connection is merely analogical.

In general, Meerloo does not think much of the theory of psychic determinism nor of the systematic application of theory to practice.

He likes to minimize the value of thinking out one's approach and favors the intuitive art of medicine, for, after all, as he himself fondly quotes, 'The physician dresses the wounds while God heals'. These are the last words in a chapter entitled Those Who Cure but Don't Heal.

BERNARD BRODSKY (NEW YORK)

CHILDREN OF BONDAGE. The Personality Development of Negro Youth in the Urban South. By Allison Davis and John Dollard. (Orig. published by the American Council on Education, 1940.) New York: Harper & Row, Publishers, Inc., 1964. 299 pp.

This work has marked relevance to the problems with which the nation as a whole, through its War on Poverty, and a large segment of the clinical psychiatric world are now actively engaged. Published first in 1940, its freshness and contemporary flavor attest both to the farsightedness of the authors and to the dearth of scholarly work on the subject of the specific effects of poverty on the development of Negro youth which, as the authors show, is undoubtedly the most pervasive and far-reaching effect of systematic segregation and discrimination.

Drs. Davis and Dollard, using the technique of 'depth interviewing', then in its early stages of development as a tool of sociological research, have given us intimate and life-sized views of several Southern Negro youths, and of the specific familial, social, economic, and political environments in which they grew up. The portraits are of individual human beings, rather than of 'types', though the effort to delineate group characteristics as a means of furthering the scientific goal of classification is clearly visible, and properly so, throughout the work.

The authors believe that personality is formed by the interplay between the infant's reactive tendencies molded in his early relationships to parents and siblings, and the larger social milieu into which he emerges at the end of infancy. Their case studies clearly demonstrate the validity of this concept. Although much attention is given to some aspects of constitutional or genetically determined traits, only in one case (Judy) is the impact of socially related physical deprivation on personality development noted. In fact the

authors emphasize that the physical violence attendant on lower class life is neither disturbing nor harmful. No distinction is made between the fatal and the merely chronic effects of repeated trauma, such as head injuries due to blows or falls; disfigurement due to burns and cuts; or physical exhaustion due to premature and rapidly repeated childbearing under less than ideal medical and hygienic circumstances.

Although the social cost to the individual of limited educational goals and loss of class mobility is clearly presented, the psychological effects of what is described as lower class behavior patterns are perhaps painted in rather too rosy hues. The focus is on the presumed psychological benefits of freedom of expression of impulse, particularly of aggressive impulses (though the authors distinguish between aggression ruled out by the Southern caste system, and permissible aggression, that is, aggression within one's own class).

The authors possibly could not carry their probing far enough to discover the deeply repressed and denied anxiety about body intactness which is one of the abiding problems of the lower class boy particularly, and which constantly must be opposed by actions that reassure him of his intactness, usually actions involving physical conflict. Perhaps the truly greatest cost of social and economic oppression is precisely this, that lower class children have little opportunity to develop motivation for learning very much beyond techniques of physical survival and modes of self-reassurance that the trauma really has not damaged them, or modes of denial when it actually has.

ELIZABETH B. DAVIS (NEW YORK)

THE EIGHTH GENERATION GROWS UP. Cultures and Personalities of New Orleans Negroes. Edited by John H. Rohrer and Munro S. Edmonson. New York: Harper & Row, Publishers, Inc., 1964. 346 pp.

Rohrer and Edmonson, and their colleagues at the Urban Life Research Institute of Tulane University, have laudably undertaken a follow-up study, twenty years later, of a group of Negro adolescents in New Orleans originally studied by Davis and Dollard, whose book of 1940, Children of Bondage, is a little-known classic in its

field. The original Davis and Dollard work concluded that for both Negroes and whites modes of personality functioning follow lines of social class rather than color-caste membership. Ten years later, Kardiner and Ovesey, in a study of a smaller sample of New York Negroes, concluded that color-caste, not social class, produces a distinct Negro personality type. Others, especially Allport, express the belief that extreme importance in personality organization should be imputed neither to class nor caste membership alone: to do so is to overlook the basic uniqueness of human personality, to ignore the obvious relevance of inherited differences in temperament and the idiosyncratic nature of life experience in a particular family, to discount the fact that all persons are a dynamic complex of potential 'selves', and to contradict the common observation that widely ramified social roles and memberships can overlap in a conflict-free fashion.

Rohrer and Edmonson are to be commended for their avoidance of sweeping generalization. Not so praiseworthy is their too limited approach: they state that they tried to ascertain ' . . . separately for each subject the possibility that race, religion, political position, profession, class, sex, age, or intellect might be *the* dimension [reviewer's italics] of his primary role identification . . . ' (p. 83). Moreover, only forty-seven of the original seventy-six adolescents were located and studied, and too few of those coöperating with the follow-up were of lower class origin. Of the forty-seven subjects, twenty were studied by psychological tests, psychiatric interviews, and home visits. The authors do not give a clear impression of how many subjects support the Davis-Dollard or the Kardiner-Ovesey hypothesis, although we are told that data on some subjects might support either and data on others could support neither. The authors do not find a typical personality or family type, nor a uniform child-rearing experience for this Negro group.

It was the combined impression that the 'primary role identification', the basic core of ego identity or personality, was not the racial or ethnic role for any of the twenty subjects. Primarily, three were basically committed to the role of being a middle-class person; four women saw themselves as carriers of the maternal role in a matriarchal family; three men lived their lives mainly as members of peer-group gangs; six were committed to family roles as members of stable, tightly knit, conventional, nuclear families; while four

others had such marginal connections with any group or role that they were believed to demonstrate what Erikson refers to as 'identity diffusion'. It must be said that the clinical data as presented do not elucidate Erikson's developmental phase approach to ego psychology, nor do they make clear the relation of the various social roles to the obvious psychiatric illness of some of the subjects. Also, the study does not show how the increased tempo of favorable social change during these past twenty years may have affected the growth from adolescence into adulthood of these adolescents.

Despite these shortcomings, the book should be read by all psychoanalysts seriously interested in problems of the effects of membership in a minority group, the effects of poverty, and the effects of a particular Southern regional origin on the processes of ego development and function.

JAMES L. CURTIS (BROOKLYN)

ABSTRACTS

International Journal of Psychoanalysis. XLIII, 1962.

Interpretation and Reality in Psychotherapy. Sidney Tarachow. Pp. 377-387.

Psychoanalysis and psychotherapy are constrasted in several respects: 1, Analysis does not gratify the patient's wish for the infantile object but, instead, frustrates and removes it through analyzing its manifestations and resistances in the transference. Psychotherapy, on the other hand, does gratify the infantile wish in the person of the therapist and leaves the transference unanalyzed. 2, Displacements of the infantile wish are exposed in analysis, and are then destroyed and replaced by sublimations. In psychotherapy, displacements to new symptoms are supplied or permitted by way of inexact interpretation and through projection and introjection. 3, The reintegration sought in analysis is replaced by supplying stability in psychotherapy. The latter is accomplished by supporting the ego defenses, supporting the superego by commands and prohibitions, educating and supplying information, and effecting reality changes.

Beyond the Reality Principle. Charles Rycroft. Pp. 388-394.

Freud viewed the primary process as developing first and operating according to the pleasure principle, the secondary process as developing later and operating according to the reality principle. However, the healthy infant not only expresses wishes but actively seeks to gratify them through the mother. His secondary process operates coevally with the primary process, and his ego functions cannot initially be differentiated from his instinctual discharges. The thesis of this paper is that the secondary processes are 'realistic' when they are used to relate to the external world objectively, while the primary processes are 'realistic' when they are used to relate affectively to objects of emotional interest. If this hypothesis is correct, the aim of psychoanalytic treatment is not primarily to make the unconscious conscious, nor to strengthen the ego, but rather to establish the connection between dissociated psychic functions so that the patient ceases to feel an inherent antagonism between his imaginative and adaptive capacities.

The Discriminatory Function of the Ego. Frederick J. Hacker. Pp. 395-405.

The adaptive capacity of the ego involves not only a synthetic but a discriminatory function. The latter includes selecting and rejecting among various possible courses of action and, especially in our own time of overabundance, the erection of barriers against overabundance of stimuli. The concept of the synthetic function of the ego arose during a period of scarcity when the few objects available had to be incorporated at all costs. The concept of the discriminatory function becomes necessary in a period of supply exceeding demand in such degree as to overwhelm the ego and result, according to the author, in the prevailing pathology of our age.

Notes on the Anal Stage. Paula Heimann. Pp. 406-414.

The anal and later stages of development have been somewhat neglected in the last two decades due to interest in the oral and prenatal stages. The anal stage not only receives contributions from the oral stage but makes its own unique contributions. The oral experience reinstates the original oneness of mother and infant, whereas the anal experience denotes withdrawal from the mother and autonomy. In this later stage of ambivalence, narcissism is expressed by aggression, self-assertion, contrariness, and sadism, and the sense of identity depends largely on the opposition: 'I against you.'

Narcissism and Defensive Processes in Schizophrenic States. Thomas Freeman. Pp. 415-425.

The unconscious conflicts in neuroses do not differ materially from those in schizophrenia. The difference lies in the defense reactions which ensue. In the former, anxiety leads to a series of defensive maneuvers on the part of the ego which sometimes include regression to the precœdipal phase; in the latter, the very organization which initiates the defensive process, namely the ego, is itself injured by the disease process. The primary defense in schizophrenia is regression to the narcissistic phase. Breakdown of the ego results in alterations in the functions of attention, conceptual thinking, perception, and memory which are secondary defenses against the conflict. Failure of countercathexis may lead to a breakthrough of the primary process. A psychotic reality then develops that consumes the cathexis previously directed to real objects and includes delusions and hallucinations that are outcomes of the restitutive processes. During treatment this psychotic reality may be transferred to the therapist and so remain until capacity for object cathexis develops. If the latter should occur, the usual ego defenses make their appearance both in and outside the transference. The paper, a preliminary inquiry by the author along lines suggested by Freud, contains interesting clinical material.

The Placement and Movement of Hallucinations in Space: Phenomenology and Theory. Leston L. Havens. Pp. 426-435.

While other aspects of hallucinations have been extensively investigated, their location in space has been neglected. Careful attention to this aspect reveals that patients prone to experience them at a distance initially and to 'allow' them to come closer with improvement finally introject them. Affects accompanying this movement inwards are flatness, anger, and depression; after introjection, there is bodily discomfort. The changes appear to mark one of the paths of development of hallucinations. It is suggested that hallucinations exist to satisfy specific needs for external objects.

On a Specific Aspect of Countertransference Due to the Patient's Projective Identification. Leon Grinberg. Pp. 436-440.

When the analyst receives an especially violent projective identification from the analysand, he may be able to react in the normal way, namely, by interpreting it. However, he may be unable to tolerate it and consequently react with equally

violent rejection of the material, reject it but deny he is doing so, displace his rejection of it onto another patient, or unconsciously allow himself to play the role assigned to him by the analysand. The last reaction is the main subject of the paper and is illustrated by clinical examples.

A Contribution to the Analysis of Resistances in Neurotic Dependence. Hernán Davanzo. Pp. 441-447.

During the analysis of neurotic dependence a state usually develops in the patient in which he behaves as though he could go ahead and become well but must balk at doing so. A study of this situation indicates he is in conflict over the wish to grow and become independent. A side of himself wishes this; a side fears it as a danger. The solution is a compulsive dependence on the analyst. The conflict and its solution repeat an original one with the mother, who defeated the infant's wishes for independence through forcing on him her preconceived ideas of his needs rather than being guided by the child's patterns and confining herself, where impositions were concerned, to realistic, constructive frustrations. The healthy solution to the patient's conflict lies in incorporating the analyst as the equivalent of the ideal mother who aids and realistically frustrates but does not force, and who remains fond of the patient during all the ambivalence and negativism in the course of treatment, the circumstances of its termination, and the post treatment period.

The Charge of Suggestion as a Resistance in Psychoanalysis. Frank T. Lossy. Pp. 448-467.

In this paper, awarded a Clinic Essay Prize in 1961, a patient is presented who used as an important resistance at crucial points in her analysis the feeling that material emerging into consciousness was not from her own psyche but was the result of suggestion by the analyst. Analysis of the resistance revealed that it both served to negate unacceptable drive representations emerging into consciousness and to gratify libidinal drives from all pregenital levels. The most important pregenital meaning of the charge was that it represented anal rape by the analyst and that her confirmatory responses were gifts of feces (baby) resulting from this act. Delusions of influence commonly found in paranoid patients appear to have a dynamic structure similar to the charge of suggestion in this patient and may be both a defense against the superego and a disguised gratification of the passive homosexual wish.

EUGENE V. NININGER

Psychoanalytic Review. LI, 1964, No. 1.

The Psychological Significance of Words. Warren Gorman and Louis G. Heller. Pp. 5-14.

In this concise review of the psychoanalytic literature on the subject of words and language, words are described as a substitute for body activities. They are associated with secondary process thinking and come from the 'hunger call' of the infant and the 'sexual call' of the adult, as Darwin suggested. They are

magical, ambiguous, and antithetical. Freud's interest in speech and language is discussed.

Body Words. Warren Gorman. Pp. 15-28.

Body words which are highly developed linguistically carry a low investment of cathexis and vice versa. The author reviews the literature on body parts, including hand, finger, tongue, genital, brain, and breast. Body parts and implications of their meaning at different stages of development are described.

Some Misuses and Abuses of Our Private Language. Jean B. Rosenbaum. Pp. 29-37.

Private language is that which should remain private and frequently does not. In psychoanalytic psychiatry technical jargon is sometimes used with the patient. Two examples are given of the use of either inexact interpretation or interpretation which is really an indictment of the patient, both reflecting the anger and frustration of the therapist. Devereux, Sterba, and Orr are quoted in a plea to limit the use of our scientific vocabulary to matters of scientific communication and not as technical jargon in therapy, community, or social encounters.

Slang and Dream Symbols. Calvin Hall. Pp. 38-48.

Using the Partridge Dictionary of Slang, a list of terms for the male and female genitals and for coitus was compiled and compared with a list of dream symbols that represent the genitals and coitus. The lists were sorted into categories such as references to shape, the likening of the genital to a tool, etc. The author suggests that slang is forbidden because words are the intermediary between fantasy and fulfilment; hence words are incipient actions. He does not discuss the possibility that putting an idea into words can make it unnecessary to act it out. He asks a question that deserves further elaboration: why should a dreamer deceive himself during sleep with the same symbols which he employs during waking life?

Resignation, Humor, and Wit. Walter E. O'Connell. Pp. 49-56.

Using Freud's articles on Wit and Humor, the author has devised a multiple choice test to evaluate statistically whether resignation, which Freud referred to briefly, could be measured as separate from humor and hostile wit. Resignation was found to be capable of measurement and is similar to humor in avoiding panic reaction to severe stress. Humor as Freud described it is rebellious and thus is not resignation. Hostile wit was found to be preferred more by men than women and is understood in the way described by Freud as a more regressive mechanism than humor, providing release for both sadistic and sexual urges.

The Oral Side of Humor. Jule Eisenbud. Pp. 57-73.

In a paper that must have been a pleasure to listen to, the author discusses various forms of humor including shaggy dog jokes, cartoons, the dreams of Charlie Chaplin and Robert Benchley, two case examples, and the smiling of infants. He quotes Freud's only remark on the relationship between nursing and humor and then derives from his examples of humor the idea that humor is a

restitution type of defense against the threat of external deprivation. It reassures the threatened person that he is not dry, bereft, and empty, but has an endless source of supply from within which will nourish him. Cannibal cartoons are a way of dealing with the child's fear of being eaten by the witch-mother, a projection of his own frustrated, devouring aggression.

Jung's Sermons to the Dead. Nandor Fodor. Pp. 74-78.

Fodor reports that in 1925 he received a typewritten copy of a strange publication by Jung, entitled Seven Sermons to the Dead. Written in 1918, it revealed Jung's views on life after death and his communications with the dead. Jung stated: 'quite early I learned that it was necessary for me to instruct the figures of the unconscious or that other group which is so often indistinguishable from them, the spirits of the departed'. In 1911 Jung had had a dream of distinguished spirits from an earlier century. This was before he wrote The Psychology of the Unconscious.

The Seven Sermons to the Dead is associated by Fodor to the break between Jung and Freud. Jung wrote: 'when I had parted from Freud I knew that I was plunging into the unknown, beyond Freud; after all, I knew nothing, but I had taken the step into darkness'. Fodor states that this break had the effect on Jung of a full-blown psychosis; at the time he had a dream in which he was told 'if you do not understand this dream you must shoot yourself'.

The Word in the Beginning. A. Bronson Feldman. Pp. 79-98.

In his quest for the origin of the primal name, the first word uttered by man, the author investigates language from the standpoint of its development in early childhood, in the history of mankind, and in the history of religion in particular. Gesture came before speech and speech represents an inhibition and translation of gesture. One theory of the origin of speech is the bow-wow theory, that it is onomatopoeia. Another theory asserts that the first words were calls of allurement, calls for help, warnings, and war cries. The Sterns in 1907 showed from observations of infants that one-word syllables voice the wish to possess the mother, and Schilder concluded from this that primitive language is partly expressive movement and partly magic action.

Feldman speculates that the thunderous sounds made by the murdered father were re-experienced in dreams that added the visual lightninglike effects and that the sound uttered by the dying father would have been *YO* or *You, Iaoue,* thus accounting for the forbidden and death-dealing original religious name of the deity; *Yahu, JwHw, Yahweh.* The lightninglike effects account for the halo around the deity and are included in the case example that the author describes. He traces the development of the primal name of the deity through some ten ancient and three modern languages.

The Case of Franz Kafka. Frederick G. Glaser. Pp. 99-121.

In a study that might serve as a guide in psychography the author discusses his thesis that Franz Kafka was a normal if not a supranormal man. His theory is supported by several literary critics and by the personal observations of Kafka made by Jan Frank, M.D., a psychoanalyst. His study was prompted by the

widely accepted assertions that the works of Kafka were largely the products of a diseased mind. Three critics are cited who speak of Kafka as being sickly, schizophrenic, paranoiac, an obsessional neurotic, and an anal type 'who suffered from a combination of castration and œdipal complexes'. Kafka, to those who knew him, was shy and quiet and one of the most amusing of men. A *summa cum laude* barrister, he was a section chief in an excellent national health organization where he worked smoothly with other employes.

The author accounts for the portrayal of Kafka as sickly by suggesting that his works are ambiguous enough to be used as a kind of Rorschach projection and that thus the critics themselves are the sickly ones and do not know the difference between regression in the service of the ego and an ego that is regressing.

The Touching of the Body. Arthur Burton and Robert E. Kantor. Pp. 122-134.

The authors begin this thought-provoking and sometimes clinically useful article with some statements that need to be questioned. They assert that the reason therapists are reluctant to touch the patient is the horror or fear of touching and the dislike that the therapist has for his own body. They argue that since the psychiatrist is trained to be a physician he should act like one and touch the patient. They also make the deduction that psychotherapy resolves itself into a relationship best subsumed under the word 'love'.

After some remarks on development and the importance of both touch and smell in the relationship between mother and infant, the specific clinical problem is taken up as to whether to shake hands with the patient. The authors conclude that with rare exceptions the patient need not be touched.

STEWART R. SMITH

Journal of Nervous and Mental Disease. CXXXVIII, 1964.

The Institutional Framework of Soviet Psychiatry. Mark G. Field and Jason Aronson. Pp. 305-322.

This paper describes the administrative set-up and orientation of psychiatry in the Soviet Union. Of course, all of medicine including psychiatry is socialized and services are available at no direct cost. There is, however, a system of priorities in which those members of the population who perform the most important functions are apparently provided with earlier and better treatment. The core of Soviet psychiatric services is the outpatient clinic which strives to maintain the psychiatric patient within the community. The mental hospital provides active treatment for short periods rather than custodial services. Chronic patients with residual work capacity are sent to work colonies where they engage in simple tasks. The disinclination to hospitalize patients and emphasis on maintenance in the community was observed to agree with the thinking of Western workers in mental health.

The Empathic Process in Psychotherapy: A Survey of Theory and Research. Ronald E. Fox and Paul C. Goldin. Pp. 323-331.

Empathy as a critical factor in psychotherapy is defined and examined. The process is felt to represent not only an identification with, but also an awareness

of, one's separateness from the observed—features of both involvement and detachment, 'the ability to step into another person's shoes and to step back just as easily into one's own shoes again'. Greenson's observation that empathy requires the capacity for controlled and reversible regression is noted. As far as the analyst is concerned empathy is felt to represent 'remembered corresponding affective states' (Schafer) which he can experience by having achieved insight into his own 'ego alien wishes and devices for dealing with them so that he is able to detect and comprehend the patient's repressed wishes and his defenses against them' (Knight). From the patient's point of view the ability to empathize is thought to represent a key aspect of his learning experience during psychotherapy. The learning process involves first a stage of unconscious identification with the therapist, then a phase of quasi-conscious imitation. Finally imitation becomes empathy only after the positive transference aspects of such imitation have been resolved. The authors point out the difficulties and limitations of research that has been carried out on this subject, chiefly because of the problem of evaluating the ongoing therapeutic process.

Homosexuality as a Defense Against Feminine Strivings: A Case Report. Marvin H. Lipkowitz. Pp. 394-398.

A case is reported of a patient who adopted active homosexuality as an elaborate defense against burgeoning feminine drives. As the feminine strivings were stimulated, pressing toward the surface, the defense system collapsed and there was a suicide attempt. The author supports Bychowski's view that in homosexuals 'conflicting identifications with various parental images are followed, each time they are made, by their dethronement. This weakens the ego, since considerable countercathexis must be used to maintain these various identifications which have become not only unconscious but dissociated from each other and the conscious ego as well.'

BENNETT F. MARKEL

Archives of General Psychiatry. X, 1964.

Selection of Patients for Definitive Forms of Psychotherapy. Marc H. Hollender. Pp. 361-369.

Hollender is concerned with optimal utilization of the initial interviews. He focuses especially on the question of what the individual wants to do about his problems; whose idea it was to seek help; the effect of psychic distress; the use of confrontation to clarify the patient's objectives; and the purpose for which self-knowledge is sought. A further important index is the kind of relationship the person seeks and has sought habitually. The author makes the interesting observation that many drop-outs from psychotherapy reflect people who really had not decided upon therapy but only seemed to be engaged in it because of faulty evaluation in the initial interviews.

Evaluation and Treatment Planning for Autistic Children. Blanche Garcia and Mary A. Sarvis. Pp. 530-541.

A philosophy for understanding and handling autistic children is presented. The multiplicity of etiologic factors, both hereditary and environmental, is em-

phasized. These factors are seen as overwhelming at a vulnerable early developmental stage. The consequent stress is construed by the child as caused by mother who is persecuting him. This results in a basic paranoid position, which is seen as the core of the autistic reaction and the reason for the need for psychological treatment. The authors argue against separating the evaluation process from treatment. On-going treatment planning furnishes the best information and opportunity for investigating such things as organic features if they are found to be important. Flexibility is essential in the therapeutic approach to each child except that the therapist must always side with reality. Informative case histories are presented.

Psychotherapy Research: Dilemmas and Directions. Clyde H. Ward. Pp. 596-622.

In this long essay Ward examines the problem of adequate research designed to investigate the question he considers central: what therapeutic influences effect the most durable changes in what psychopathology? He does not consider the enormity of the fully explored problem, such as the number of variables necessarily involved and the time required, to be an excuse for giving up. We have not done enough work in this direction. Of particular interest is the attention called to the bias against and reluctance on the part of analysts to submit to recording and observation procedures.

Psychodynamics of Echo-Reactions. Charles Carluccio, John A. Sours, and Lawrence C. Kolb. Pp. 623-629.

The sparse literature, especially involving dynamic considerations, concerning echolalia and echopraxia is reviewed. Two cases of schizophrenic reaction are presented in which the use of these mechanisms indicate a regressive manifestation of hostility toward and mockery of a feared mother. Thus nothing is digested that comes from the feared and hated person. Features of identification with the aggressor are also prominent, as both mothers used mimicry in a hostile, mocking manner. Consequent therapeutic technique is considered briefly.

KENNETH RUBIN

Revista de Psicoanalisis. XXI, 1964.

Notes on Psychoanalytic Treatment of Organic Diseases with Subsequent Psychosomatic Integration. Angel Garma. Pp. 1-18.

In a patient suffering from an organic disease, only part of the resistance is from the patient himself since medicine tends to separate the psyche from the body. The superego operating in both analyst and patient favors repressing meaningful symbolic and genital interpretations of the material, giving preference instead to oral interpretation (for example, the patient's ulcer) in which the content is the idealized maternal breast. The only way to achieve true psychosomatic integration, especially in this type of patient, is to make him aware of the splitting in the transference neurosis, thereby incorporating the entire psychic apparatus.

Lethargy. A Reaction to the Loss of an Object. Fidias R. Cesio. Pp. 19-26.

Different ego reactions in the loss of a love object present meaningful aspects such as mourning, melancholia, and the negative therapeutic reaction, and lethargy is a manifestation of this mechansim. The fixation point, according to Cesio, is in the prenatal phase of development. As a consequence, the lost object is the prenatal forerunner of the ego ideal, the most archaic and chaotic repression of the primal scene. Among these archaic forms the author includes incest and matricide. By noting the importance of lethargy, the analyst can sometimes identify the primitive lost object (the 'lethargic object'). If this element is resolved, the negative therapeutic reaction can be modified.

Hallucination as a Pseudoabstraction. Edgardo Rolla. Pp. 27-36.

The author believes that, as a rule, hallucinations appear in the psychotic, and perhaps in the child, because of a lack of environmental confrontation. Since this lack prevents any perception or sensation, it is equivalent not only to the loss of an object but to the loss of part of one's ego. Hallucinations become pseudoabstractions or pseudosymbols in an attempt to integrate unconscious fantasies with the environment.

In discussing complementary pairs in symbols, such as satisfaction-love, frustration-hate, Rolla believes that encapsulation in hallucination acts as a bridge between distorted pairs, such as hunger-repugnance, necessity-despicability, satisfaction-envy, and frustration-persecution. These elements of hallucination are thought to be a motivation and motorization in the need to use muscular sensation in acting out, looking for substantial reality. To Rolla hallucination appears to be a genetic element in the development of psychopathy.

Function and Dysfunction of Intelligence. Isabel Luzuriaga. Pp. 38-57.

This well-conceived, theoretical and clinical presentation of the energetic and dynamic aspects of 'counter-intelligence' demonstrates its applicability in obsessive-compulsive thinking, inductive and deductive reasoning, and in psychotic patients. Different components and intellectual functions are discussed and elaborated on in connection with 'counter-intelligence'. This article is so compact, so well-reasoned, and the clinical cases so graphic, it is impossible to do justice to the author with a mere summary. It deserves to be read.

The Impostor. A Contribution to the Study of Psychopathic Types. Joel Zac. Pp. 57-74.

A peculiar alternating mechanism of fusion and diffusion of unconscious fantasies is established in the impostor, as well as in any other psychopathic individual. These images appear as units in an attempt to structuralize an unstable equilibrium of particular interest to any defense mechanism.

In the case presented, the stereotyped manner of committing a crime became rigid and structuralized as a definite way of behavior because the individual needs coincided with those of the environment (family, society). Therefore, the patient developed his own style of living and his own future projections. The learning process was then encapsulated within the ego; hence the means of com-

munication was through stereotyped behavior of a repetitive, codified system. The need for conditions favorable for this permanent behavior helped the patient to avoid facing isolation and loneliness, but the latent means of autistic communication became apparent.

GABRIEL DE LA VEGA

Jornal Brasileiro de Psiquiatria. VIII, 1959.

Artistic Creation in Relation to Destructive and Restitution Needs in a Group. Walderedo Ismael de Oliveira, Mara Salvini de Souza, and Luiz Cerqueira. Pp. 239-251.

Analyzing the interaction in a group around anxiety, defense mechanisms, and fantasies, the group evolves through similar phases as in individual analyses. If it is handled properly the group will show the most primitive unconscious fantasies. The predominant anxieties in any group were caused by hostile impulses and restitution efforts to repair fantasied damage to the object. Therapeutic success involves relinquishing fantasy in favor of realistic adaptation and real satisfaction in object relations. The more the analyst is evaluated (latent idealization), the greater the therapeutic progress. The group went through a transference involving envy, competition, and psychosexual development. An attempt is made to work through seductive œdipal fantasy and paranoid œdipal rivalry.

Œdipus Complex and Envy in a Therapeutic Group. Walderedo Ismael de Oliveira and Heitor de Andrade Lima. Pp. 253-263.

Fantasies are usually shared by the group and reveal œdipal conflicts that are more easily seen in psychoanalysis of the individual. The analyst is considered the 'chief' in the sense of the primal horde of Freud. One has to work through conflicts arising from the destructive impulse against the father, the omnipotence attributed to him, and the consequent need to submit (fear of castration). Abundant illustrative clinical material is presented.

GABRIEL DE LA VEGA

NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

September 15, 1964. SOME ASPECTS IN EARLY-ORPHAN ADULTS' ANALYSIS. Jose Remus Araico, M.D.

This presentation is a further elaboration of some ideas, developed in earlier papers, regarding the psychopathology and treatment of adults who had lost a parent in early childhood, and a report on an experimental modification in analytic technique, consisting of the interpolation of extra sessions with no time limit with some patients.

Citing Fenichel on the role of object loss in the etiology of traumatic neurosis in childhood, and adhering closely to Bowlby's concepts regarding mourning reactions to loss in infancy and childhood, the author correlates varied clinical manifestations in his patients with their incomplete or inadequate mourning in childhood for a dead parent. A child is not capable of 'mourning within the normal' and, therefore, is prone to fixations to incomplete mourning states, engendering both immediate and long-range pathological consequences within the personality. The early loss of a parent, before important œdipal resolutions have been achieved, and especially if the loss has been sudden, imposes profound defensive and adaptational readjustments on the child, causes a disruption in normal maturational sequences, and sensitizes the child to respond with extreme reactions to separations, changes, and losses of all kinds. Libidinal and aggressive drives are deprived of the object necessary for their expression, stimulation, channeling, and regulation. Phase-specific fantasies come into conflict with drive remnants, perceptions, and memory traces still attached to the recently lost object.

The patients studied, four men and eight women, suffered from depression. In some the depression was masked by character traits, usually obsessive, or by a degree of ego disorganization. One man, whose father had died when he was three years old, complained of dizziness and vagueness, while at the same time he laughed with pleasure. Analysis revealed this to be associated with painful memories of a game repeatedly engaged in when his father, on returning home, would grasp the child by the hands and both would whirl until they became dizzy and then laugh with great pleasure. Another patient, a woman, became irrationally fearful if she were asked unexpectedly to go somewhere; she had been suddenly taken from kindergarten one day to see her dying mother.

Sessions with no time limit were introduced in order to deal with resistances to the time limit of the regular sessions, to promote more complete catharsis, and to circumvent the defensive ego reorganization occurring in the interval between sessions. A total of seventeen such sessions were held with four patients, the minimum two and the maximum five for any one patient. During such sessions phobic reactions and mild depersonalization gave way to a deepening depression which then burst into a full mourning reaction. 'Re-experiencing of the mourning was such that the analyst felt he was witnessing the mourning

before the corpse.' The sessions were brought to a close when associations indicated fatigue had set in. During subsequent regular sessions, all fantasies pertaining to the extra sessions were analyzed, including the wish to repeat them, until they had become an integral part of the 'very history of the analysis'.

DISCUSSION: Dr. Manuel Furer called attention to the important clinical issues raised in the paper, namely, the roles of trauma, grief, and mourning in actual object loss in childhood. Until recently these had been relatively neglected in psychoanalytic literature. The concepts elaborated by the author, as well as those of Bowlby, represent more descriptive than explanatory statements, since they say little about the underlying processes in grief reactions and in the ego organization the child undergoes in response to object loss. Dr. Furer questioned whether the mourning reactions experienced by adults in analysis were actually the recovered mourning states of childhood. They might rather be considered the results of ego maturation promoted by analysis. The child's capacity to mourn is commensurate with the level of development at the time of the loss, and is especially influenced by the degree of object constancy achieved by the child. Regarding the extra sessions with no time limit, Furer cited the example of a young woman in analysis with him who in a previous treatment had been given extended sessions of two hours or longer. These proved to have been masochistically experienced by the patient; they were related to beating fantasies and 'preserved a secret love' for the lost father with whom she would some day be magically reunited.

Dr. Peter Neubauer, drawing on his own clinical experiences with children who had lost a parent in their prelatency period, stated that the type of acute reactions and the variety of clinical pictures in the child will be determined by such factors as the nature of the pretraumatic relationship to the object, the age and condition of the child at the time of loss, and the attitude of the remaining parent. He could confirm many of the findings reported by the author: ambivalent fantasies indicating that the urge to recover the object is itself bound by ambivalence, idealization of the lost parent, pseudomaturation, and extreme sensitivity to subtle differences between the lost and new substitute objects. He asked whether the extra sessions were deemed necessary because the pathology went beyond that of a neurosis, and thought there might be some similarity between such sessions and the pretreatment procedures reported by Alpert, which supply oral needs and designated corrective object relations.

Dr. Elisabeth Geleerd cited clinical experiences and studies which demonstrate that complete mourning is not possible in childhood, nor even in adolescence. What appears in the child as indifference to loss, is a manifestation not of coldness but of a defensive reaction against being overwhelmed by the loss.

Dr. Martin Wangh concurred in the opinion that the child is unable to mourn fully for a lost parent. He likened the extra sessions to those religious practices and rituals observed toward those who have suffered a loss.

In reply, Dr. Remus Araico said that the traumatic neurosis in childhood following the loss of a parent could be considered in every way a fate neurosis. He could not, in the paper, give its panoramic scope nor go into metapsychological details, but said these would be elaborated as a result of further study.

The extra sessions with no time limit were still in the experimental stage, though he thought much had already been gleaned from them.

JOHN DONADEO

September 29, 1964. CIRCUMCISION AS DEFENSE: A STUDY IN PSYCHOANALYSIS AND RELIGION. Howard H. Schlossman, M.D.

Psychoanalytic case material available for comparison with religious ritual was used by the author to study some aspects of the ancient and widespread circumcision rite, particularly its role in serving defensive needs.

A patient of Orthodox Jewish background, who had sought analysis because of recurrent depressions, on one occasion overpaid his bill for treatment. On analysis the overpayment related initially to the repression and denial of feelings that the analyst got paid without doing any work. These feelings, when made conscious, were followed by similar feelings toward the patient's parents, who had made a living by receiving interest from lending money. Further associations to the overpayment indicated it was an act of circumcision regressively expressed in anal terms. This meaning was also expressed by various small sacrifices which the patient had made throughout life to gain advantages. The deepest unconscious meanings of these symbolic acts of circumcision, on the œdipal level, warded off the danger of castration from the father. On preœdipal levels, the danger of castration arose from passive wishes to be impregnated by the father and oral fantasies of incorporating the breasts of the mother.

A study of the rite of circumcision suggests that defensive functions similar to those found in the patient are an important part of the fantasy content of the religious ritual. The history of its connection specifically with the Jewish religion is summarized. At the time the god, Jehovah, came into being, the ancient world appeared to be in ferment between two powerful religions. One involved the Mother Goddess with her son-consort, worshipped under many names—Ishtar, Atargatis, Cybele—and imbued with orgiastic mysteries. (The Virgin and Christ myth is probably the last and most highly idealized version involving the worship of an all-powerful woman.) A basic pattern appeared to be annual dismembering of the son-king or castration with sacrificial offering of the genitals to the Goddess by priests and adherents in the throes of religious ecstasy. The other, also an orgiastic religion, concerned the worship of a phallic god and his sister-consort, such as Zeus and Osiris. Both religions worshipped personifications of the instinctual drives. Then a new, austere, punitive religion arrived, demanding submission to one God. This was the Jewish religion and it served to protect against the dangers inherent in the instinctual excesses of the preexisting religions. The rite of circumcision itself served to ward off the danger of punishment for regression to the orgiastic religions and the primitive bisexual gratifications they provided. It placated a new, severe God who demanded submission and instinctual repression, while promising fruitfulness and the fruits of this world to his adherents.

DISCUSSION: Dr. Milton Malev described the Jewish ritual of circumcision as it is carried out today and discussed how it appears to confirm Dr. Schloss-

man's thesis that circumcision is a defense against castration fear. He concluded that the Jewish circumcision ritual is a condensed defensive maneuver on the part of the father against his own castration anxieties when the birth of a son returns them from repression.

Dr. Warner Muensterberger accepted the point that many clinical findings help illuminate social and cultural traditions and indicated how analytically derived conclusions regarding the meaning of circumcision were later confirmed by various field studies and observations. He also emphasized that it is always treacherous to transpose clinical observations of clinical disturbances to cultural institutions. It is generally accepted that circumcision where practiced is a socio-religious rite in the normal progress toward heterosexuality, but it may be absent altogether or some other form of anatomical mutilation may be practiced. One wonders why certain peoples perform this rite while others find different channels by which to achieve control in their œdipal defensive struggle.

Dr. Simon Weyl related a finding of Róheim regarding the meaning of circumcision as found in some primitive tribes: 'We [say the fathers to the sons] but take your foreskin when we are powerful enough to kill you. Let you remember this in our old age when you are strong enough to kill us.'

In conclusion, Dr. Schlossman stated that caution must indeed be exercised in applying clinical findings to cultural phenomena. However, the attempts must nevertheless be made because of the enrichment of understanding such applications have supplied in the past. He thought circumcision may be such a prominent part of the Jewish religion because total castration was so central to the preceding religions of the Near East. The absence of circumcision in various rites needs to be explained but does not appear to contradict the basic point of the paper. Róheim's finding appears to explain the origin of mercy.

EUGENE V. NININGER

October 13, 1964. TWO CONTRIBUTIONS TO THE THEORY OF WORKING THROUGH.
Bernard Brodsky, M.D.

Dr. Brodsky begins with Greenson's definition of working through 'as the analytic work upon those resistances which prevent insight from leading to significant change', and expands the concept to emphasize the problem of the mastery of painful affects, especially anxiety. He traces Freud's development of the concept and points out that Freud applied the term only to the problem of id resistances that act as obstacles to the use of insight. Freud, however, recognized that rigid structuralization of ego and superego, as well as the hierarchy of danger situations, all require working through. It is in this broadened sense that the term is used by most analysts today.

The author notes that the techniques of working through, 'repetition and elaboration of interpretations as well as reconstruction of the past and its patterns', do not explain its *modus operandi*. It is generally agreed that 'the development of a transference neurosis accompanied by a therapeutic alliance is most favorable to a successful working through', but does not basically explain it. Freud saw 'working through as a dissipation via repeated fractional discharge of repressed drives or affects'. Dr. Brodsky emphasizes the importance of the con-

cept of structure for the understanding of the process of working through; structures cannot be discharged but must be changed. The question is what brings this about. Valenstein and Kris emphasized the importance of transforming insight from intellectual into total (affective) experience, and that it is affect-charged insights which lead to change in character, behavior, and self-representation. Brodsky believes there is a more germane consideration in the relationship between affects and working through—the problem of the mastery of painful affects, especially anxiety. The transference situation provides a setting which, by its very nature, affords an unparalleled opportunity for the mastery of anxiety mobilized in the transference neurosis. By interpretation, elaboration, and repetition, the patient learns that he can face anxiety without the threat of being overwhelmed. Defenses become less urgent and automatic, and instinctual impulses may also be faced and mastered. Working through then is a beneficent change in structure that requires mastery of suffering. In essence, the author suggests a dynamic and structural theory of change in place of Freud's original economic theory of working through as a process of dissipation through discharge. A case is reported to support his hypothesis.

DISCUSSION: Dr. Phyllis Greenacre, while in general agreement with Dr. Brodsky, emphasized the significance of the relation of reality and reality testing which is at least a concomitant and probably an essential part of working through. She felt that the actual move toward reality testing marks an important stage in the working through process, one feature of which is the response obtained from the outside world to internal changes. These tend to solidify the modifications going on in the analysand. The relationship between the sense of reality and working through was especially observable in a group of talented people who tended to embellish reality with their own fantasies, or who easily and convincingly interchanged reality and fantasy. Such patients may show gains in the analysis that appear to be quite fundamental but prove in fact to be quite ephemeral. Dr. Greenacre cautioned that the analyst must beware of the temptation to seduce, encourage, or 'pressure' the analysand to confirm apparent changes which occur in the course of treatment. Results seem better, she noted, when the therapeutic correction is mostly silent and more automatized, taking on some of the qualities of growth. In regard to the importance of recovery of critical events of childhood, Dr. Greenacre felt that it would be difficult to understand adequately the patterning established around the childhood memories without the recovery of critical memories. She also noted the difficulty of dealing with screen affects, especially since these have such a destructive effect on the therapeutic alliance.

Dr. Sidney Tarachow emphasized that the factors which bring about change in analysis are no different from those which bring about change in any other situation in life. He does not feel that working through in the sense of repetition of the past is crucial; working through of the real elements in the relationship to the analyst, especially those favoring identification with the analyst as a real person, is the important factor. In his view, the patient uses his analyst exactly as a child uses his parents. Change depends on convincing events within the analytic situation—events that are convincing because there is a real relationship

between patient and analyst. The final crucial factor is the separation that leads to identification with the analyst. While Dr. Brodsky emphasized the mastery of suffering through mastery of anxiety, Dr. Tarachow emphasized the mastery of disappointment at the hands of the analyst.

In conclusion, Dr. Brodsky voiced his disagreement with Dr. Tarachow who he felt placed too much stress on the relationship to the analyst and minimized the many other factors involved in the problem of working through.

IRWIN SOLOMON

October 27, 1964. THE EGO FACTOR IN PSYCHOANALYSIS IN INDIA. T. C. Sinha, D. Sc.

Dr. Sinha, taking as his point of departure Freud's statements in Analysis Terminable and Interminable, pointed to the difficulties which arise in the psychoanalytic treatment due to penis envy in women and the struggle against the passive feminine attitude in man. He noted that the concept of bisexuality is not a simple one to define from a psychological point of view; such terms as active and passive, for instance, can be applied to both masculine and feminine attitudes and 'the whole problem again boils down to the question of identification in a subject-object relationship.' The author suggests a re-examination of the question of the psychological preference for a penis. In the modified matriarchal tribal society of the Garos in Assam (India), the castration complex does not seem to be very prominent in women; the real difficulty lies not in the acceptance of the woman's role. In his view it is the inflated and false vanity which the ego attaches to the male role, that is the most difficult factor to overcome.

Two cases (a male and a female) were presented to illustrate the role of the castration complex and the ego's reaction to it. Difficulty in accepting femininity did not appear to be due to overvaluation of the penis, but to the social devaluation of the feminine role with the consequent low ego value assigned to it. In these patients the basic fear involved the feeling of void and aloneness. The desire to take a masculine role is seen as a defense against these fears by maintaining the primary narcissistic valuations.

Dr. Sinha noted the similarities between many aspects of psychoanalytic theory and the findings of Sankhya philosophy, the basis of Yoga.

DISCUSSION: Dr. Samuel Z. Orgel commented that Yoga philosophy seems to strive for perfection far beyond that sought by psychoanalytic treatment. Analysis, unlike Yoga, is not expected to free man of all passions. He noted that Dr. Sinha's paper was essentially a plea for psychoanalytic progress into a proper evaluation of the workings of the ego and its relationships to the id, superego, and reality.

Dr. Warner Muensterberger also discussed the concepts of the Yoga psychology and compared it to psychoanalytic theory, especially ego psychology. He pointed out that environmental conditions influence not only the pathways of discharge but also the form of the superego, ego ideal, value orientations, and partial identifications. For example, repression would have a different impact in the Judeo-Christian environment than in India where sexuality plays such an

important part in art, literature, and religion. He stressed, however, that the fundamental experiences, such as separation anxiety (the forerunner of castration anxiety), are common to all cultures. Dr. Muensterberger recalled that Dr. Bose had also found that in Indian patients the castration complex does not seem to play as important a role as in European patients.

Dr. Edward D. Joseph expressed interest in the comparison of psychoanalytic concepts and the Yoga philosophy and drew attention to a similar dualistic concept among the Greeks. However, he pointed out that psychoanalysis differs from philosophic systems in that its theory is based on clinical evidence derived from observations. He cited Hartmann's differentiation of Freud's use of the term 'ego' as at times referring to a portion of the mental apparatus and at other times to the concept of self, and suggested that when Dr. Sinha speaks of ego he refers to self-representation or the concept of identity. Dr. Joseph also thought that what Dr. Sinha calls the male and female role may have to do more with social and cultural evaluations. He commented on the severe degree of castration anxiety in the two patients reported. The fact that the male patient seemed to accept the actuality of castration but shifted his defense to the more abstract level of values testified to the strength of his anxiety. It would be interesting to know some of the preœdipal factors involved in this particular type of problem.

REBECCA G. SOLOMON

MEETINGS OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

May 18, 1964. BEYOND THE FUTURE OF AN ILLUSION. Nathaniel Ross, M.D.

Dr. Ross states that religious experience requires further investigation by analysts. The sense of reality and profound conviction of religious mystics are also seen in schizophrenics and many normal individuals during dreams, and occasionally at the height of orgasm. Freud called religion an illusion, a universal compulsion neurosis, and a projection of man's terrible need for a protective father. He was not too impressed by Romain Rolland's emphasis on the 'oceanic feeling' as a core of religious experience.

The claims of religion to validity equal to the results of a scientific investigation are challenged by the author, who presents the genesis and nature of religious experiences in the light of ego psychology. His thesis is that the need for religious faith is based on dread of object loss, the need for the eternal external existence of an immutably protective loving object. Dread of death and the wish for immortality essentially represent a fear and denial of object loss. The apparent limitless love that men can give to a god is dependent upon the immutable, entirely perfect, infinitely loving qualities of this idealized love object, which protects the believer against abandonment and promises eternal reward. Love for man, with its risks and difficulties, may be more difficult than love for a 'living' god.

While he acknowledges that religious belief will continue to be necessary for many, Ross believes that more mature human values can be derived from the theory and goals of psychoanalysis. Mastery of fear of object loss, relinquishing

of infantile dependence and infantile omnipotence, and ability to adhere to the reality principle can lead to greater love and a fuller capacity to contend with problems. Children growing up free from neurotic fear and guilt will have an advantage over the generations that required the solace of the supernatural.

DISCUSSION: Dr. Renato Almansi agreed with Dr. Ross that the essential psychology of religious belief is rooted genetically in the universal fear of object loss and its equivalent, death, and in the need to offset this by illusion, by the attempt to fuse with the everflowing breast, by the search for the protecting all-powerful father, and by the free use of magical thinking. In addition to the dread of object loss, Dr. Almansi cited the need to control libidinal urges, the need to control aggression to resolve ambivalence, and the intrinsic human need for moral codes in which both the ego and the superego are involved. Dr. Almansi also spoke of the great psychological differences between the mystic who experiences religious ecstasy, the obsessive for whom religion is reduced to an endless repetition of ceremonies, and the individual to whom religion represents merely a controlled illusion. He postulated that stranger anxiety is one of the early infantile determinants of the need for belief in religion.

Dr. Earl Loomis felt that the fear of object loss as the basic unconscious motive for religious belief was a cogent hypothesis. He cited William James on the varieties of religious experience, and raised the question whether these applied to all such experiences. While it is true that religion exploits fear, according to Pfister, Loomis commented on the religious ideology of Protestantism which protests and demands doubt. This need for questioning was contrasted with Erikson's concept of basic trust and the need for the establishment of constancies in order to allow doubt to appear.

Dr. Jan Frank felt that Dr. Ross did not sufficiently differentiate between institutionalized religions with dogmatic codes and personal religious beliefs. Dr. Otto Sperling raised several points. If religious belief is based on fear of object loss, one would expect it to increase in soldiers in combat; a study directed to this question showed that this is not the case. He wondered if religion as a controlled illusion should not be differentiated from other forms of religious practice. A need for religion may be based on the necessity for compensation for the sacrifices of communal life.

In conclusion Dr. Ross stated that Dr. Almansi's contribution about stranger anxiety in the origin of belief was valuable, but noted that stranger anxiety, as well as separation anxiety, depends on the existence of object relationship with the mother. In regard to Dr. Loomis' comments, he felt that it was most important to distinguish between ethical, moral, and supernatural, and their relations to each other.

HAROLD P. BLUM

October 19, 1964. CONTRIBUTION TO THE UNDERSTANDING OF THE CONCEPT 'THE UNIVERSALITY OF THE UNCONSCIOUS.' Charles A. Sarnoff, M.D.

The author presents results of a psychoanalytic study of pre-Columbian art made during visits to archeological sites in Central and South America. Variants of repeated elements in stone carving and pottery designs are treated as though

they were psychoanalytic associations. Thus, myths relatively free from Western preconceptions are derived; for example, 'fluid from the body of a special person brings fertility to the earth' and 'a snake gives birth'. These myths are then compared with the productions of patients. Dr. Sarnoff briefly reviews some of his findings and theoretical conclusions, and discusses the symbolizing function of the ego as it relates to the formation of symbols and metaphors. The first step in the formation of a symbol is the establishment of symbolic linkages, the precursors of symbols. Links are made through association by way of superficial similarities between body-ego elements and objects in the environment (i.e., phallus-snake). From the economic point of view, the establishment of a symbolic linkage means the creation of a pathway for the displacement of instinctual energies. A symbol is formed when this link is used, without conscious awareness, as a pathway for the discharge of drive energies away from the body or primary object to the word representation of the linked environmental object. This effects the discharge of drive energies in such a way that meaningful object representations are spared. The author elaborated on the nature of the core fantasy in relation to symbols, myths, and personal fantasies. In pre-Columbian culture, the expression of the drives through symbols as reflected in myths was sanctioned and encouraged, while in our culture it is not.

DISCUSSION: Dr. William Niederland noted that Dr. Sarnoff's paper belongs to the legacy left to us by Freud, but had some questions about the methodology involved. He cited Gustav Landauer, who felt that the history of some peoples, because of their spatial and cultural remoteness, is not readily available to the historian and sociologist. It remains to be seen whether psychoanalysis can supply us with better tools for the study of history of remote and isolated cultures.

Dr. Melitta Sperling discussed the snake symbolism mentioned in Dr. Sarnoff's paper. In her experience, few children use snake symbolism persistently so that its occurrence is of special significance and transcends that of the snake as a phallic symbol.

Dr. Max Stern emphasized the importance of the historical development of the myth. He questioned that the myth and symbol were created in the child, which Dr. Sarnoff's formulations seemed to indicate.

In conclusion, the author agreed with Dr. Niederland about the pitfalls in the methodology involved. Concerning Dr. Sperling's clinical observations about snake symbolism, he felt that with progressive ego development the snake 'goes into repression of the underworld' and is seen in connection with early pregenital regressions. He stated that he too could not accept any concept that explained myth and symbol simply as if they were created in the child.

NORMAN N. RALSKE

Bertram D. Lewin was elected an Honorary Member of the PITTSBURGH PSYCHOANALYTIC SOCIETY on January 11, 1965.

George E. Daniels delivered the Ninth Annual SANDOR RADO LECTURE, sponsored by The Psychoanalytic Clinic for Training and Research, Columbia University, on March 26 and March 27, 1965.

Howard P. Rome, president of the staff and senior consultant of the section of psychiatry at the Mayo Clinic, has been appointed the thirty-third ALFRED P. SLOAN VISITING PROFESSOR in the Menninger School of Psychiatry, Menninger Foundation.

The Institute for Research and Training of the Devereux Foundation has announced Internships and Fellowships in Clinical Psychology. For further information write: Dr. Henry Platt, Devereux Foundation, Devon, Pennsylvania.

BERNICE ENGLE, a writer particularly in the field of psychiatry, and associated with the University of California Medical School, died in October 1964 at the age of seventy-one.

Mrs. Engle co-authored books on psychiatry, was editorial assistant for others, and published articles on a wide variety of subjects that attest to the range of her interests and knowledge. She is known to readers of This QUARTERLY for her highly esteemed contributions to it in applied psychoanalysis: *Melampus and Freud*, Vol. XI, 1942; *The Amazons in Ancient Greece*, Vol. XI, 1942; and *Some Psychodynamic Reflections Upon the Life and Writings of Solon*, Vol. XX, 1951, the last in collaboration with Dr. Thomas M. French.

ERRATUM: In the summary of Dr. Max Schur's Freud Anniversary Lecture, This QUARTERLY, XXXIV, 1965, p. 146, line 33, Stefan Zweig should read Arnold Zweig.

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THE INTERNATIONAL JOURNAL OF GROUP PSYCHOTHERAPY is the official publication of the American Group Psychotherapy Association, Inc. It is published quarterly, in January, April, July, and October, by International Universities Press, Inc.

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EARLY INFLUENCES ON DEVELOPMENT AND DISORDERS OF PERSONALITY

BY LEON J. SAUL, M.D. AND SOLVEIG WENAR, PH.D. (PHILADELPHIA)

I

REVIEW OF RESEARCH EVIDENCE

Freud opened many more fields of exploration in human psychology than could be cultivated in his lifetime. Of these, one was the lifelong effects of injurious emotional influences during early childhood. With its relation to the dynamic unconscious it was one of his greatest discoveries; yet only now is this fundamental area receiving concentrated research attention. The manifold findings are of great importance for the theory of personality, for the etiology of neurosis, and for all other psychopathology. They also have practical significance for therapy and prevention and may provide the key to understanding various sociological problems, the most outstanding of which is the infantile, libidinally fixated, hostile behavior with which man threatens man. This study offers a representative sample of research findings, organized under the headings of eight hypotheses implicit in, and central to, Freud's concept of the lasting effects of early influences on adult personality.

Analysts reach their conclusions primarily through work with patients. They see evidence in each patient that symptoms, values, conflicts, and personality characteristics can be traced back to his reactions to his unique constellation of childhood experiences. The details of the whole process are many and involved and have given rise to a vast psychoanalytic literature. The very fact that the data of psychoanalytic observation are

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Supported by Public Health Service Grant MH-07615-01 from the National Institute of Mental Health.

confidential, associative, and diffusely bulky makes difficult their treatment within strict research methodology. For adequate research review, we therefore include other fields related to psychoanalysis. No science stands alone. Strength and healthy expansion are derived from interchange with related disciplines. While psychoanalysis has stimulated much of the research in all the behavioral sciences, it still seeks to learn and incorporate what is relevant to it from all sciences. Many problems appear in fresh perspective and can best be solved through other knowledge: for example, through extrapolation from the observation of animal behavior, psychology of learning, Gestalt psychology, and from experimental studies of conditioning and imprinting.

Our review of the literature is organized around some of the hypotheses implicit in the concept of the aftereffects of early influences. Eight hypotheses and their implications will be examined in detail after surveying the literature; also, only such discussion of research as is essential to this review is included.

To help clarify the main principles, it is well to first delineate the variables *(165)*. This we attempt here in the single area of childhood trauma. The comprehension of the aftereffects of early influences is essential to the understanding of fixation, regression, introjection, superego, transference, and other psychoanalytic concepts.

DEFINITIONS, ASSUMPTIONS, AND HYPOTHESES

Using a rough working concept, *personality* is defined as a pattern of basic motivations and reactions. Each pattern for the individual is unique although its elements are common to all. The individual pattern represents one of all possible variations in quantity and combination of the basic elements which are comparatively few. They can be conveniently grouped under the familiar headings of id, superego, and ego. In oversimplified form they are the biological needs, drives, and reactions of the id; the internal representations of identifications and training of the superego and the defensive, perceptive, integrative, and executive activities of the ego.

Motivation is conceptualized as an *inner* variable. It prompts overt behavior, also modifications of it, and inhibitions. *Overt behavior* includes verbal responses and all behavior which is in some way observable by others. It is assumed that the behavior caused by any particular motivation is identifiable as such, at least by experienced clinicians. The clinician bases his diagnosis and treatment on his ability to identify his patient's behavior in terms of motivations.

Admittedly, these definitions are general and imprecise and would not suffice for specific research studies *(110)*. However, we believe they are adequate for this general survey of the relevant literature.

In the development of personality it appears that two broad classes of variables determine the pattern of motivations: *inherited,* including maturational and constitutional, factors and *external* factors.

1. *Inherited*:

   a. The maturational factor is the force which impels each individual toward maximal growth and development. It proceeds, within certain variations, according to a biological timetable.

   b. Constitutional is used in the literature in two senses: one, to signify inherited or gene-determined potentials, and two, to signify gene-determined potentials present at birth which are modified by influences *in utero* and during the birth process. The term is used here in the first sense, while uteral conditions are considered among the external factors. (Whereas many studies indicate that constitutional factors play a considerable role in the development of temperamental and other personality aspects [*21, 38, 51, 60, 97, 129, 142, 143, 152, 158, 184*], they are not generally found to have great influence in the etiology of psychopathology. For this reason, they are not of prime relevance in this paper.)

2. *External*:

   External factors provide the conditions determining to what extent and in what respects an individual's genetic and maturational potentials are realized. These factors appear to play an important role in forming personality and to be the critical

factor, of the greatest weight, in producing the distortions of personality which underlie all familiar forms of psychopathology. We are concerned with the operation and effects of these external influences from the conception of the individual.

In the interest of clarity, the view of personality development to be scrutinized in this paper is presented in the form of hypotheses, each more or less subject to testing.

Time relations

Hypothesis *A*: The earlier an influence impinges upon the developing personality, the more pervasive and significant are its effects.

Hypothesis *B*: Exceptions to hypothesis *A* are functions most susceptible to influences during critical periods.

Hypothesis *C*: The fundamental characteristics of the personality are established by the age of six years.

Hypothesis *D*: Once formed, the personality pattern remains fairly constant throughout life.

Relevant influences

Hypothesis *E*: Given adequate conditions for physical survival, the most important external influence is the relationship between a child and his parent or parental substitute.

Hypothesis *F*: The optimally relevant aspects of his emotional milieu are parental warmth, parental control in accordance with the child's needs, and stability in the parent-child relationship.

Effects of relevant influences

Hypothesis *G*: To the extent that such ideal conditions prevail, maturation proceeds to the fullest and the individual eventually develops a mature personality, that is, he becomes a responsible, productive adult of good will.

Hypothesis *H*: Any deviation from ideal conditions is necessarily detrimental, and the greater the deviation, the more thwarted the maturation will be and the more intensive and extensive becomes the pathology of the functioning personality.

METHODOLOGICAL CONSIDERATION

The task of reviewing research involves weighing the evidence against the adequacy of the methods used. To date there is no flawless procedure for the study of the development, consistency, and pathology of a personality during a lifetime *(45, 62, 80, 116)*. Hence, caution is required in drawing conclusions.

Methodological flaws do not necessarily produce unreliable or invalid results; they do limit the scope of conclusions that can be drawn from them. Whenever similar results are obtained by different investigators using different procedures (with different flaws) and few or no studies contradict these results, the chances that the hypothesis tested is valid are greatly increased. Even conflicting conclusions may yield important clues.

To facilitate the reader's evaluation of the studies to be reported, the advantages and disadvantages of the most common developmental research methods will be discussed briefly: Longitudinal, Follow-up, Cross-sectional, Experimental (including animal studies), Cross-cultural, Reconstructive.

The Longitudinal Approach

This method studies the same subjects over a protracted period of time, observing them at frequent intervals in a systematic fashion. It has also been called the prospective method *(18)*. Many advantages derive from the availability of first-hand observations by trained observers during the whole developmental sequence studied. They are often more reliable, more complete, and offer better comparability of subjects than data from other studies. They make possible the direct observation of changes in the personality as they occur, and thereby of factors related to, or causative of, the changes. They offer a unique opportunity for describing effects of different combinations of variables. The method is suitable for predictive studies *(103)* and for studies of time relations in development.

Kagan and Moss of the Fels Research Institute *(96)* point to the value of the longitudinal approach for studying the emergence of 'derivative behaviors' and the 'sleeper effect'. By deriva-

tive behaviors is meant the behavior forms occurring at successive phases of development which represent modifications of the original primitive expression of a motivation; for example, verbal sarcasm may be a derivative of early forms of hostile physical aggression. The authors state that 'adult behavior is a complicated code in which certain responses bear a lawful relation' to early behavioral patterns. This code gives important clues to understanding human development and the ability to predict adult reactions from behavior in childhood. Our present rudimentary knowledge and powers of prediction await further longitudinal studies that will trace the characteristics from early life to responses later in life.

What the Fels group calls the 'sleeper effect' represents delayed results of early environmental influences on the functioning of the personality. As an example, 'maternal acceleration' of the child's external development (that is, efforts to push the child ahead) shows the highest correlation with school age achievement when the measure of maternal acceleration is obtained during the first three years of life. When maternal acceleration is measured at the same time as the child's achievement, the correlations are much lower *(cf.* also [*172*]).

The longitudinal studies in the literature are relatively few, their combined number of subjects amounting to only several hundreds. The disadvantages are apparent: spans of twenty years or more of work; financing; the long wait for results; the processing of many data; the difficulty of incorporating new scientific findings and techniques; and others. Few research groups have carried out major longitudinal studies in which personality functions are included *(5, 100, 101, 155, 166, 187).*

The Follow-up Approach

Another prospective method, and one closely related to the longitudinal method, is the follow-up. This consists in studying adults for whom detailed histories of their childhood are available. Usually the person studying the adult subject is not the same as the one who recorded the data. The usual procedure

has been to start with a group whose members had had some common characteristics; then to assemble all data available during a given time period; next to relocate and study anew each of the subjects; and finally, to look for correspondences between the childhood and the later status of the subject. Often the common feature of the subjects was that they had been observed in child guidance clinics *(55, 132, 150)*. This choice of subjects has, of course, been determined by its advantages from the researcher's point of view, that is, the particular behavioral problem and the availability of records.

There are evident methodological defects. First, data taken from clinical records not intended for research are generally inadequate *(74)*. A common criticism of this approach is that it is limited to a population characterized by early gross disturbances. While this opinion is generally correct, it carries no great weight; what is important is that the conclusions match the premises. Without a control group, conclusions must be stated as hypotheses subject to subsequent testing by other methods. Control groups need not be 'normal'; subjects with different types of early disturbances may serve as control groups, one for the other. Indeed, much interest inheres in comparisons of adaptation among adults who had exhibited different types of disharmony with the environment in childhood.

The Cross-sectional Approach

This is the follow-up method in reverse. It also starts with a group that has certain common characteristics; but, in contrast to the follow-up method, this procedure chooses samples among adults and traces their development back to childhood. An example is the comparison between delinquents and 'normals' with respect to the incidence in early life of broken homes, ordinal sibling position, socioeconomic condition, and the like. That only rather gross factors have been isolated is, from the point of view of reliability, an advantage, considering the difficulties in obtaining unbiased accounts of personality variables in retrospect. Both the cross-sectional and the follow-up meth-

ods have been criticized for their poor techniques of sampling, in contrast to the longitudinal method which has been praised for its good sampling and valid data. The merits, however, are more evenly distributed, at least in studies of personality disorders *(18)*.

The cross-sectional method is comparatively easy and quick and therefore useful in the early phases of a research program for the identification of relevant variables and formulation of hypotheses.

The Experimental Approach

Experimental procedures are variations of a basic model. Subjects known or assumed to be equal in relevant respects are assigned at random to an experimental and a control group. The former is subjected to the influence of the variable under study and the latter is not, but in all other respects the groups are treated equally. Both groups are measured subsequently and the effects of the experimental variable are assessed.

Were it not precluded by humanitarian considerations, many questions about human development could be answered by assigning children at random to various types of controlled environments and comparing the different groups at intervals. 'How', asks Shakow, 'can one study human psychological phenomena scientifically . . . with a minimum of distortions . . . and ethically . . . with a minimum of inevitable trespasses' *(163)*. Animal experimentation therefore is increasingly resorted to in studying emotional development. The subjects have a short life span, are easy to care for, and control groups are readily available.

To generalize from animals to humans requires great scientific caution. Animal experimentation is not a substitute for the understanding of humans, but it nevertheless furnishes excellent models and is a fertile field for developing and testing hypotheses. With respect to effects of early experience upon adult personality, research with animals is becoming increasingly important as a basis for hypotheses about human behavior. The

variables involved are being systematically tested on a large scale; the adult consequences are being more carefully specified and measured. The rat and the monkey are being joined by many other species in the laboratory, and correlations with humans evaluated. Direct observation of various species in nature and in approximately natural settings is also casting much light on human behavior *(111, 112, 133)*.

The Cross-cultural Approach

This approach to the problem of early influences on adult behavior consists of a comparison between different cultures or subcultures. Different cultures may be regarded as experiments in nature of human development. They may furnish invaluable information in the ways in which widely varying early experiences affect later personality.

Specific childhood variables are selected and correlated with differences in the adult personality predominating in the different cultures. The uncontrollable variables—geographic, social, political, cultural, genetic, and others—are many. The diversity itself, however, may prove to be fruitful for the understanding of the laws of human behavior. The anthropologist, Whiting, states: 'The advantages of the cross-cultural method are twofold. . . . First, it ensures that findings relate to human behavior in general rather than being bound to a single culture, and second, it increases the range of variation of many of the variables' *(191)*.

The Reconstructive Approach

Although the cross-sectional method may use reconstructive data, the term has commonly been reserved for the clinical method of psychoanalysis in which adult patients give data about their childhood as they remember it, and in which dreams, associations, feelings, and behavior reveal emotional patterns which can be traced to childhood.

Commonly listed as weaknesses of the method, from a scientific point of view, are the subjective nature of the data, the fal-

lacies of human memory, and the difficulties of obtaining independent data to validate the statements made. The psychoanalytic situation nevertheless has a number of unique advantages which are apt greatly to reduce bias in the data and to offset the weaknesses. First, the verbal communications in therapeutic sessions are less likely to be contaminated by such factors as defensiveness, carelessness, and distortions of memory than are the responses given in the questionnaires or in the single interviews on which many research projects rely. It can therefore reasonably be expected to reflect more accurately a person's actual subjective feelings and attitudes—as well as his otherwise unobservable behavior; furthermore, as the treatment usually lasts for months or years, the therapist gets to know his patient's personality extremely well and, if he is of a scientific mind, he has many opportunities to make and to check predictions.

The psychoanalyst usually sees a select group of patients in terms of educational and socioeconomic conditions. Admittedly, his research population is restricted. Actually, he should therefore confine his conclusions to the same restricted population. On this point the temptation to err is great and many fail because of the consistency of the findings. In case after case, without exception, unfortunate early experiences are found to characterize patients with adult difficulties. The rigorous scientist may challenge the psychoanalyst's claim that the former lead to the latter without establishing that persons free of the symptoms are also free of the damaging early experience. The psychoanalyst, however, sees more than simple correlations between childhood and adult disturbances. He can trace, in great detail, patterns of specific disorders in the adult back through the years to specific origins in childhood which, moreover, not infrequently can be confirmed from other sources. These are only a few points in the evaluation of psychoanalysis as a research tool.[1]

In the survey of research methods, the intention is to be as

[1] For further discussion, see for example: Franz Alexander *(4)* and Robert Waelder *(186)*.

objective as possible; however, the senior author's experience has been with the reconstructive method. Examples of other approaches are easier to present. The data of the psychoanalyst are extremely voluminous and only a sample is given here, a most inadequate illustration. It is an excerpt from a psychoanalytic session in which the operation of childhood patterns toward parents appears clearly in associations about the husband and, to some extent, in the transference to the analyst.

I told mother you wanted to know why she took me to school at thirteen and fourteen. Mother hemmed and hawed, did not blame father, said she did it for something to do, and we both knew she meant to get away from father. I was very mad, and I got mad at my husband. I said: 'You are the same; won't let me try my wings'. He said: 'How so?' I said: 'You will not let me do the house but want a decorator'. My first husband is the only one who let me try my wings. As a result I never goofed. He earned so little but gave it to me; gave me all the responsibility, hardly worked, and I did everything; but I was happier with him than with my present husband. I guess I must prove to myself that I can do things.

But after our talk yesterday I felt better about the maid and didn't mind her being in the house today. I guess I realized that she is not my mother.

Now I'm even angry with you. The dogs are all I like; not people; not even you now because everyone reminds me of my terrible father and horrible mother. They were unfit to have children because they were such awful parents. I much prefer sleeping with the animals to sleeping with my husband. I was better with the first husband because I had to do everything for him. He was like my baby, not like father and mother. That's the good side, but he drank and was sick, sick, sick. But maybe he's the kind of man I need. Oh! Need! I don't want *any* man. My husband is too protective of me. He makes me feel like a weak sister. Mother gave me money to run the whole house, insurance, everything, but my husband gives everything to his secretary to do. It makes me feel that I'm not capable. I know he doesn't do it for that reason; that is exactly like father; that is how father treated me, and I resent it. I want to

do what I'm supposed to do. I guess what is more important is why I let him do it. The decorator is the example. Everyone says, who did the house and gives me no credit. My husband treats me as a daughter; not as a wife! And when I got mad at him, he'd bring me flowers. That's not normal.

I can do things for my mother but my husband has everything. I can't do anything for him or get anything for him. The poverty brought my first husband and me together—sharing. Now my husband brings me a magnum of champagne, and I enjoyed the popsicle that my first husband brought better. That is why women have affairs. They may love their husbands, but the husbands, by giving them everything, take everything away from them. I'm really very unhappy. I wish I weren't married.

Father never let me do anything. He never let me help mother until I was fifteen or sixteen. Father would say: 'Let mother do her own damn dishes'. Father never let me do anything I wanted to do, and I feel that is how everybody treats me. The only one who let me do what I wanted was my first husband. When women hear, 'What I want to do', they think of men, sex, and I don't mean that at all.

People use decorators if they are lazy or if they don't know how to do it, but I'm not lazy and I do know how. But I'm even deprived of that—I have to have a decorator help me.

I'm sure my husband will never let me handle any of the money. Mother doesn't have time or money and therefore I enjoy buying things for her. Not for my husband. Mother is thrilled, but he has everything; he doesn't know me at all.

I like to watch TV and eat while doing so. As a child I used to escape from the house, from father and mother, and go to the movies and buy candy. They gave me five or ten cents, and I ate while watching. I went at least four or five times a week. Now it's exactly the same. To escape from my husband I watch TV and eat at the same time, only now I'm more restless. I want to watch it but am too fidgety. I can't relax. I have to be up, getting food, checking things, cleaning.

I resent people coming to the house. I'm annoyed, apprehensive and mad, whether it is the mailman or friends, neighbors, anyone. Exactly as at home. I was so embarrassed about the

house and about father and how he dressed and behaved that I never had any friends in. I feel and even express open hostility when people come. I feel they are disturbing me or bringing dirt into the house. As a child I had no company. Father would almost never let anyone come in and after they left, he would make destructive comments like, 'How do you come to go with people like that?' He would call them names, and I was always afraid he would insult them or me, and today I'm constantly afraid that someone is going to criticize or belittle me, and I beat them to the punch by running myself down. My conversation is just idiotic and socially I'm ill at ease, which goes back to how mother and father behaved and how they treated others. Unless I have a few drinks—and then I'm either funny or just a pain in the neck, but I have too much anxiety to be quiet. So I make ridiculous remarks and then my husband's friends ignore me, just the way father and mother used to do. One even said, 'You are too young to hear things like this!' So I don't want to go out and see his friends.

RESEARCH RELEVANT TO HYPOTHESES CONCERNING THE AFTEREFFECTS OF EARLY INFLUENCES

HYPOTHESIS A

The earlier an influence on the developing personality, the more pervasive is its effect.

HYPOTHESIS B

Limitations or exceptions to *A* concern functions which are most susceptible to influences during what are called *critical periods* which occur most frequently early in life.

In reviewing studies of factors that determine the effects of early experiences upon the behavior of mature animals, King *(99)* lists seven important variables. In addition to the age of the animal when the early experience occurred, the other six variables are: the age of the animal at the time of the test; duration or quantity of the early experience; type or quality of the experience; type of the performance task required by the adult animal; methods for testing persistence of the effects; relation of the experience to the genetic background of the animal. It

is stated that one must first try to predict the effects of each of these variables separately, and then try to unravel the interactions between them. King concludes that '. . . until the effects of the seven variables are analyzed further, it is possible to accept only the general hypothesis that early experiences affect later behavior' *(99)*.

Recent systematic studies pose the following questions: 1, Is there a relationship between age and the effect of an influence? 2, If so, is this relationship a monotonic function compatible with *A*? Or 3, is it a more complex function which might fit the critical period of *B*? 4, Does it fit neither hypothesis?

Among many studies under each of the following headings, only those are discussed which dwell specifically on the variable age of the subject at the time of the influence studied.

Imprinting

Imprinting refers to a certain type of study of critical periods in the early development of animals. Its relevance to human development has not been established. Lorenz introduced the term to designate the infant bird's early ability to recognize and to follow its parent *(111)*. Psychologists in studying the phenomenon have varied the age of the bird at the time of exposure to its parents and to other objects. These studies have been extended to other animals and to a variety of substitutes for parents, including parents of other species as well as inanimate objects. They invariably show that the age of the imprinted animal at the time of exposure to the object of imprinting is of paramount importance *(61, 70, 71, 72, 84, 85, 86, 87, 92, 122)*. Without exception, imprinting can take place only during a specified time, very early in the animal's life. This period varies from species to species. The results, in so far as they are applicable to hypothesis *B*, are in accordance with it.

Tests of imprinting were initiated at various hours after hatching in neonate chicks *(92)*. The imprinting object in this study was a green, seven-inch cube which was presented to the subjects for a thirty-minute period. At the age of ten days, the

animals were given a retention test. The results showed that the percentage of animals imprinted declined steadily from ninety per cent, one to six hours after hatching, to zero, fifty-four to sixty hours after hatching. Other studies which have used a finer scale for the time variable find that imprinting often fails to take place in the very first hours of life. Hess *(84)* reports that some imprinting occurred immeditately after the birth of mallard ducks but that it was most effectively acquired at about sixteen hours after hatching. Many studies on different species give comparable results.

Two explanations have been offered to account for these effects. One holds that the critical period for imprinting is determined by the animal's perceptual development. According to this view, the critical period coincides with the earliest age at which the animal is perceptually capable of recognizing an object and able to remember it. It is a common finding that the older the animal (within the critical period), the more vigorous is its response and the greater its degree of retention. This finding has been considered to support the theory of 'minimal perceptual development'. The second explanation assumes that the end of the critical period corresponds to the age at which the first emotional response occurs *(85, 86, 87)*. Moltz *(122)*, however, reasons that during the early hours of its life—when the animal 'imprints' or becomes aware of a close object in its environment—fear reactions are minimal. This desirable state of freedom from anxiety becomes associated with being near the object. When, later, unfamiliar conditions arouse anxiety, the animal reacts as if the imprinted object is reassuring. To remain close to the object, the animal may have to follow it, as it does with a 'following response' as soon as it becomes mobile.

These explanations are of special interest for those who find in them implications for human behavior as well. Gray *(72)*, for example, speculates that imprinting may prove to have conditioned those who later become criminals because of formative negative experiences during a few weeks of infantile fearfulness. He also speculates about the influences which may make

adopted children 'wild' and incorrigible when taken from institutions to private homes.

Sensory Deprivation and Related Studies

Studies of sensory deprivation illustrate dramatically that even basic perceptual development is not solely maturational but is influenced by early environmental stimulation. For example, Riesen subjected chimpanzees and kittens to total darkness, varying the duration of the deprivation. He reports *(149)* chemical and atrophic changes in the retina that were not only pronounced but also irreversible in those cases where the deprivation extended from birth throughout infancy.

Nearer to our interest in personality development are time studies of food deprivation. In Hunt's study *(91)*, which is the classic, two hereditarily equal groups of rats were observed; one half of each group was subjected to deprivation while the other half was used for control purposes. The deprivation consisted of fifteen days of very restricted feeding. For one group this started on the twenty-fourth day of life; for the other, on the thirty-second day of life. Control animals from both groups were freely fed. Following the experiment, all rats were allowed free feeding for five months during which time Hunt measured the amount of food hoarded by the now adult animals. The rats that had been part of the twenty-four-day-old group hoarded approximately two and a half times as many pellets as the controls. The rats that had been in the thirty-two-day-old group hoarded approximately the same amount as the controls. These results neatly confirm hypothesis *A*, that the earlier the influence, the more powerfully effective it is.

Handling and Shock

In a contrasting type of study animals are stimulated either by handling or by electric shock. The shock, usually from a wired floor, is always unpleasant although entirely harmless. Handling consists of holding the animal, stroking it, or otherwise touching it. The handling or, as it is sometimes called,

gentling illustrates a point made earlier in the discussion of the applicability of animal studies to human functioning. What handling by human hands means to a rat is questionable, but experimenters particularly fond of rats tend to interpret it as pleasure and comfort, whereas others think it must be dreadful for the rat. Possibly these different feelings and interpretations may in part be responsible for the different results obtained in studies of time factors in handling as related to later behavior.

Gertz *(63)* handled rats at various early ages and later tested them for emotionality. As adults the rats failed to show significant differences. Gertz concluded that there is no evidence for either the earliest age or any other critical age at which handling is influential in later behavior. A more recent study by Denenberg and Karas *(44)* yielded different results. They tested both rats and mice. One group was handled from age one to age ten days, another from eleven to twenty days, and a third group from one to twenty days. For each time group there was a corresponding control group. The adults were tested for weight, mortality, and resistance to stress. Results showed that the group handled from first to tenth day survived stresses better than the other two groups. The one-to-twenty group weighed most and, among the rats, lived the longest. However, the one-to-twenty group of mice had the shortest life span of all the mice.

If the results of these studies are valid, a great many variables need further exploration before the results can be meaningfully compared. For instance, aspects which vary without being controlled in the two studies are duration of periods of handling and the effect variable chosen for adult study; also the differences of species in the second study need further exploration. With respect to the rat, the result of the second study confirms the hypothesis under discussion.

In an earlier well-known study, lambs were raised exclusively on a bottle by Scott *(159)*. He varied the time of initiation and duration of the bottle feeding, which also involved handling. The adult test consisted in observing the lamb's social be-

havior in its own flock. All the experimental lambs showed some indifference to the flock and even to their own baby lambs. The timing of the initial period away from the flock made a significant difference; the most profoundly affected lambs never learned to adapt socially to the flock nor to relate to its movement. Since the most effective time period was not the earliest but rather an intermediary one, Scott found his results to speak strongly for the existence of a critical period. Meier and Stuart *(118)* report concordant findings in their experiments with Siamese kittens (*cf.* also [*119*]).

Two well-designed studies *(33)* explored the age at the time of a shock trauma in rats as related to adults' escape learning and shock avoidance.[2] One of the studies compared adult performance in rats who had been shocked at twenty and thirty days of age, respectively. The other study did a similar comparison on rats shocked at twenty and one-hundred-twenty days of age, respectively. 'With regard to the notion of critical periods', Brookshire summarizes, 'our data are essentially negative. We may answer the question of age at time of treatment by comparing experimental groups A (traumatized at one-hundred-twenty days of age) and C (traumatized at twenty days of age), since these groups were equated with regard to all other significant variables. . . . In both escape learning and avoidance learning no differences were found. It appears then that age is not an important factor. The hypothesis that *infantile* traumatic experiences more severely affect an organism was not substantiated in this experiment.'

Denenberg and Bell *(43)* report a similar study except that mice were used as subjects. Their findings give a possible clue to the variable most responsible for the results of the above studies, namely, the voltage. They varied the age at which different levels of shock (i.e., different voltages) were administered to baby mice, and found that mice shocked during infancy had

[2] Escape learning here means being trained to run across charged flooring to escape further shock. Shock avoidance, or avoidance learning, refers to learning to avoid shock altogether by changing location on signal.

an easier time mastering avoidance learning as adults if the magnitude of shock had been low. An intense shock, however, produced an interference so that all experimental subjects did more poorly than controls in adult avoidance learning. In terms of the effect of age at shocking, there was some evidence of a critical period at low shock levels (*cf.* also [*42*]).

Institutionalization and Maternal Separation

In the 1940's and 1950's, Goldfarb *(67)*, Ribble *(148)*, and Spitz *(173, 177)* published studies documenting the pervasive and permanent ill effects of inadequate mothering during early infancy. The impact of these studies was considerable and led to the establishment of a new branch of scientific inquiry, commonly termed maternal deprivation *(65)*. Two independent surveys of the literature on maternal deprivation have been published, one by Yarrow *(194)*, the other by Casler *(37)*. Both authors comment that the concept of maternal deprivation is a mixed one. Yarrow observes that at least four quite different conditions of abnormal mothering have been included under this heading: institutionalization; separation from a mother or mother substitute; multiple mothering (several persons at the same time or in quick succession); distortions in the nature of mothering in terms of domination, indifference, and the like. A further complication is that few studies have been confined to the main variable under study. Separations, for example, are often a consequence of distorted mother-child relationships; institutionalization often involves multiple mothering; distortions of the normal mother-child relations occur much more frequently in institutions.

A number of other factors compound the complexity of the details. Conditions in institutions vary greatly; without adequate description in these studies, their effects cannot be appraised. Casler observes that reasons for maternal separation from a child similarly cover a wide range; the separation from a loving but physically fragile mother may mean something very different than separation from a neglectful mother. Ge-

netic or constitutional factors may also interact with aspects of mothering. To a higher degree than in the general population, children in institutions are in some way defective at birth, or are the offspring of parents who are unable to care properly for them, be it for mental, physical, or economic reasons. Page *(134)* voices the same thought in his discussion of Spitz's work: 'The absence of adequate experimental controls leaves room for doubt. Might it not be that infants kept in institutions for long periods are biologically less favored than infants who are adopted or placed in foster homes after a brief stay in an institution?' Casler suggests that '. . . women in our culture, unless they be unwed mothers, do not ordinarily yield their babies to institutions. Children who are in institutions cannot, therefore, be regarded as comprising a random sample from a larger population.' One possible effect of the mother's unwed status is a greater intensity of anxiety during pregnancy. That anxiety during pregnancy may have an adverse effect on the offspring is suggested by recent studies *(3, 52, 98, 120, 124, 131, 136, 171, 178)*.

The problems of research design, choice and suitability of measuring instruments, selection of samples, statistical methods, and so forth, enter into the comparisons of studies of maternal deprivation as they do in other comparisons of research work. It is nevertheless possible to make comparisons and draw tentative conclusions on the basis of these studies, particularly with the help of the contributions furnished by Yarrow and Casler.

In studies varying the age factor, the age of six months emerges repeatedly as a crucial period. Spitz *(177)* and Bowlby *(25)* have both observed that it is at approximately six months that the infant first appears capable of distinguishing the mother from other persons. In one of his earlier studies on 'affectionless thieves', Bowlby *(24)* notes: 'In practically all these cases, the separation which appears to have been pathogenic occurred after the age of six months. This suggests that there is a lower age limit before which separation, while per-

haps having undesirable effects, does not necessarily produce the particular results we are concerned with here—the affectionless and delinquent character.'

Other investigators have explicitly or implicitly (by choice of ages studied) confirmed the importance of the six-months stage *(22, 31, 47, 156)*. Schaffer and Callender *(157)*, investigating effects of early hospitalization, report a related finding: 'Two main syndromes, each associated with a particular age range, have emerged from this study of the effects of hospitalization in infancy. The findings parallel those of Spitz and suggest two developmental stages: a global and a differentiated. The latter, centering around the differentiation of self and environment, appears to be essentially continuous with the adult form, and only when it has been obtained can object relations by specific persons be established. The global stage . . . is quite different and certain life experiences may have quite a distinct meaning according to the developmental phase of the individual. The present study . . . suggests that the crucial factor in hospitalization at the differentiated stage is maternal deprivation, whereas, at the global stage, it is perceptual deprivation.'

Beres and Obers *(22)* report that of four cases which showed mental retardation, all were admitted to the institution before six months of age; four children who developed schizophrenia were admitted to the institution at a later age. Despite serious methodological flaws, particularly that the selection of subjects was not random but was biased in a pathological direction, the findings are suggestive in that they confirm a hypothesis which may easily have been derived on the basis of Schaffer's results. This hypothesis might be framed thus: if it is true that institutionalization before the age of six months constitutes perceptual deprivation and after six months maternal deprivation, and if it is true that early institutionalization constitutes an experience significant enough to inflict lasting effects, then institutionalization prior to six months of age might be a factor in causing mental dullness or perceptual distortions, whereas after age six months it would produce interpersonal difficulties.

The first six months having thus been confirmed as a sort of 'critical period', what then are the relationships of institutionalization and maternal separation to the age of the child after six months? Yarrow *(194)* sums up the situation: 'Psychoanalytic theories regarding the significance of early experience for later development have often been interpreted as postulating that the younger the organism, the more severe and fixed the effects of an environmental impact'. Only limited data are available on human subjects. Ribble *(148)* tends to interpret her data on maternal rejection as supporting this point of view. The retrospective studies of Bender *(19, 20)* and Goldfarb *(68)* suggest that the younger the child, the more damaging the effects of deprivation and stress. Some animal research supports this hypothesis *(162);* other studies do not *(16, 99)*. A more refined hypothesis regarding the significance of the timing of experiences is the critical phase hypothesis which holds that there are points in the developmental cycle during which the organism may be particularly sensitive to certain kinds of events or most vulnerable to specific types of deprivation or stress. Several animal studies *(122, 159, 181)* support the general outline of the critical phase hypothesis.[3]

'Although', Yarrow continues, 'the general consensus in the literature is that maternal separation which occurs before the child is five years of age is likely to be most damaging, the findings are not sufficiently clear to pin-point any one age as being most vulnerable. . . . One might postulate differing vulnerabilities at different periods of development. The developmental level of the child is likely to influence the significance of deprivation for the meaning of a separation experience for him. With regard to separation, the period during which the child is in the process of consolidating a relationship with his

[3] It could be added that in this group belong the studies by Liddell *(109)* and Freedman, et al *(56)*. Both used isolation as the experimental variable (with or without extra stress introduced) to study the time factor in the development of relationships with members of the same species. Both studies confirm the hypothesis of a critical period.

mother may be an especially vulnerable one. Also significant may be the developmental stage with regard to memory functions. After the point in development at which the child can sustain an image of the mother in her absence and can anticipate her return, the meaning of a brief separation may be less severe than at an earlier developmental period.'

Yarrow also suggests that the degree of autonomy the child has achieved, his ability to talk, and other such capacities, may affect the degree of severity that institutionalization or separation imposes on the child. 'There may also be age-linked effects of different types of deprivation. Some animal studies suggest that a minimal level of stimulation may be necessary to produce the biochemical changes for the development of the underlying stress structures. Deprivation in certain sensory modalities may be more significant at one age than at another . . . social deprivation may be most damaging during the earliest period of the development of social responses.'

Unfortunately there are almost no data available on the effect of institutionalization and separation at different ages, systematically varied. A recent publication offers further pertinent discussion on maternal deprivation and its effects *(193)*.

Distortions in Mother-Child Relationship

There have been numerous studies of the mother-child interaction, but few have explored the effect of certain patterns of mothering at different ages of development.

Studies by a group conducting research on animals are relevant to the present topic *(2)*. These authors found that rats were more susceptible to ulcer if they were separated from their mothers at fifteen days of age rather than at twenty-one days. Another study has more the character of distortions in mother-child relations in that the conditions consisted of interruption in the mother-child interaction. These interruptions consisted in one-half hour to five and one-quarter hour periods in which the mother was not present. Two sets of experimental and control groups were used. One set was submitted to the

interruption during the first ten days of life; the second set during the second ten days of life. The results showed that the former group was significantly more resistant to gastric ulcers than animals experiencing the same interruption during the later period.

Some authors distinguish for human beings an autistic phase of development in which the newborn child is not yet psychologically very different from his prenatal state. This is followed by a symbiotic phase beginning at about three months *(115)*. It may be however that one or two weeks after normal birth, the infant begins to relate to the mother. This may well be the beginning of imprinting for the human young and there may be serious consequences if the child becomes ready to relate to and attach himself to his mother and is prevented.

To summarize the material reviewed under hypotheses *A* and *B*, drastically withholding food from experimental animals and depriving others of sensory stimuli gave results compatible with hypothesis *A* (the earlier the influence, the greater its effects), and imprinting, with *B* (critical periods of special vulnerability). Handling of animals and moderate shock sometimes supported hypothesis *B* but negative findings were not uncommon. Institutionalization and separation from their mothers of human children showed the first six months as a critical period which affected later social development. Studies of mother-child relationships reported that the first year was critical for the development of psychosomatic traits. Whenever critical periods were found (hypothesis *B*), these occurred early in life (*cf.* also [*119*]).

Hypothesis *A* (the earlier the influences, the greater their effects) is the general concept; hypothesis *B* (there are special vulnerabilities during critical periods) is a refinement. It might be that the closer an influence on the personality coincides in time with the early emergence of the function affected by the influence, the more pervasive are its effects. The greatest effect will ensue if an influence impinges upon a function just as it is

becoming established. This formulation encompasses both *A* and *B*. Results compatible with either of these seem also to be compatible with this formulation. It also would relate to the idea of 'specific emotional vulnerabilities' *(153)*.

HYPOTHESIS C

The fundamental characteristics of the personality are established by the age of approximately six years.

HYPOTHESIS D

Once formed, the personality pattern remains fairly constant throughout life.

By *fundamental characteristics* of the personality is meant the main basic motivations described in an earlier section. *Personality pattern* refers to the individual constellation or patterning of these motivations.

The longitudinal approach has great advantages for testing these hypotheses. A careful study using this method has been completed recently by the Fels Research Institute. Originated and directed by Sontag, the Fels group during its more than thirty years of operation has studied a variety of developmental variables. Of special relevance to hypotheses *C* and *D* is a project recently reported by Kagan and Moss *(95, 96)* on the stability of certain behavior over time. In addition to the constancy or stability of motivations or, as the authors express it, *motive-related* behavior, the study also investigated sources of anxiety, defensive responses, and modes of personal interaction from earliest childhood through young adulthood. The specific variables measured were passivity and dependency, aggression, achievement and recognition, heterosexuality and sexual identification, tendencies to withdraw, and maternal treatment of the child.

The Fels investigators defined motives as a variable intervening between an identifiable class of stimuli (incentives), on the one hand, and overt goal-directed responses, on the other. The desire for recognition from the social environment; nat-

uralness and affection from friends, parents, and love objects; mastery of attack; sexual stimulation; coactivity with peers; and perception of a state of injury or anxiety in others (aggression) are the major motivational systems studied in the present research. The investigators concentrated their efforts on quantifying overt goal responses and in most cases avoided placing themselves in the position of assessing motive strength.

The subjects were eighty-nine white middle-class children who, with their parents, had been enrolled in the Fels longitudinal program from birth during the period 1929 to 1939, and who continued the contact with the Institute until early adulthood or longer. The data in childhood were collected in interviews with the subject and with the mother, by observations of them in their homes and in school, by school grades and a variety of tests. The childhood period was divided into four parts: birth to three, three to six, six to ten, and ten to fourteen years. On the basis of the data, each subject was rated on forty-eight variables for each of the four age periods. To illustrate the nature of these variables, it may be noted that in the area of aggression some of the variables were 'aggression to mother', 'physical aggression to peers', 'indirect aggression to peers', 'behavioral disorganization', 'conformity', 'competitiveness', and the like. The data for assessment during adult life were obtained by interviews and by extensive testing. Ratings of test results were organized into the same categories as the childhood data except for maternal treatment and physical fear. The numerical data thus consisted of the ratings of some forty variables for each of four time periods, three in childhood and one in adulthood.

In summarizing their conclusions, the authors found that the most consistent finding of the entire study was that much of the behavior exhibited during the age period six to ten, and some during the age period three to six, provided moderately good predictors of theoretically related behavior during early adulthood. Passive withdrawal from dreaded situations, dependency on family or love objects, ease of arousal to anger, involvement

in intellectual tasks, and the pattern of sexual behavior in adulthood were related to the child's behavioral disposition during the early years. These results thus give strong support to the concept that adult personality begins to take form during early childhood.

> However, the degree of continuity of a class of responses was intimately dependent upon its congruency with traditional sex role values. The differential stability of dependency, aggression, and sexuality for males and females emphasizes the importance of cultural roles in determining both behavior change and stability.
>
> Passivity and dependency are subjected to cultural disapproval for men; aggression and sexuality are disproportionately punished for women. School-age passivity and dependency were related to adult withdrawal and dependent behavior for women but not for men. School-age aggression and preadolescent heterosexual behavior predicted corresponding adult dependencies for men but not for women.
>
> Intellectual mastery . . ., which was rewarded for both sexes, showed continuity for both males and females from the early school years through adulthood. Social class membership is an additional variable relevant for particular sex role values. Certain behaviors (e.g., interest in art and music) would be more acceptable to middle class than to lower class males, and vocational aspirations are, of course, highly dependent upon social class position. Thus knowledge of the sex and social class of a child allows one to make an unusually large number of predictions about his future interests, goals, vocational choice, and dependent, aggressive, sexual, and mastery behaviors.

Further studies should uncover variables, other than social class and sexual traits, which effect changes in behavior. In this way, the accuracy of the predictions that can be made on the basis of childhood behavior will increase.

As mentioned, the Fels group did not measure motives (which they defined as intervening variables not directly measurable) but what they termed *motive-related behavior.* Our

choice, by contrast, was to make the assumption that the overt behavior caused by any particular motivation could be identified as such by experienced clinicians. The question then arises whether the two approaches refer to similar behavior. A scrutiny of what is included in the definitions indicates that they do. The variables classified under each main heading in the Fels material appear to fit well with accepted definitions of motives in the psychoanalytic sense. It can therefore be concluded that the findings reported by the Fels group on the whole confirm the constancy hypothesis on selected aspects of aggressivity, passivity, dependency, involvement in intellectual tasks, social ambitiousness, and patterns of sexual behavior and identification.

During the years from six to ten, the child exhibits behavior which is significantly related to his behavior as an adult. With some variables this also held true for the second age period, from three to six years. For instance, the sex-role content of boys' play during ages three to six was predictive of their adult sexual interest. Competitiveness and involvement in grossly mechanical motor and aggressive games during the preschool years were sensitive indicators of sex-role behavior twenty years later. Choice of vocation was also roughly predictable from the activities of children three to six years old. Another motive established very early in both sexes was social anxiety.

Inhibition and tension with peers during early school years was predictive of social anxiety in adulthood for both sexes. For boys, the continuity of this anxiety was traceable to the first three years of life. Inhibited and nonspontaneous approach to strangers during the first three years was significantly associated with social anxiety in adulthood. For girls, the same relationship was not established until age ten.

As mentioned, most of the significant variables were stabilized by six to ten years of age, the behavior shown then offering fairly reliable predictions of a similar adult pattern. It should

be noted that behavior which establishes this high coefficient of stability between childhood and maturity does not emerge suddenly at the age when it becomes significantly evident. It grows steadily, especially from the three-to-six period. In almost all cases there are high correlations between ages three to six and between the latter and the ten-to-fourteen period.

Tuddenham *(183)* reports a more dynamically oriented follow-up of constancy in personality. At the early part of the study his subjects were teenagers for whom extensive personality ratings were available. Nineteen years later he had them rated again. He then correlated the two ratings on each variable to estimate stability of the variables. The results differed for the sexes in that, for example, the aggressive ratings were more constant for men and the desire for social prestige topped the list for women. That the subjects were adolescents when they were first tested detracts from the value of the study; however, it is noteworthy that the results agree very closely with those of the Fels group.

Another follow-up study *(150)* compared the rate of adult deviance among those who, as patients in child guidance clinics, had been 'runners away' with those who had committed other offenses. As adults those who ran away had far higher rates of arrests and incarceration, of divorce, and of the diagnosis of sociopathic personality. The data give little information about precisely what personality variables in childhood are related to adult functioning. No doubt the nature of the data made difficult the task of determining variables. There are, of course, many reasons for running away, for arrest, divorce, and other deviations; but, one may safely generalize that there was continuity of maladaptation *(cf.* also, [*64, 73, 104, 117, 126, 130*]).

In summary, although not all variables measured by these studies showed childhood-to-adulthood continuity, the bulk of the data do support hypotheses *C* and *D*. Thus, certain functions of personality are definitely formed in early childhood and certain social and cultural traits and maladjustments tend to remain constant in the personality. Of course, this does not mean

that alterations cannot take place through inner growth and development, from remedial experiences in living, and as a result of treatment.

HYPOTHESIS E

Given adequate conditions for physical survival, the most important external influence is the emotional relationship between the child and his parents (or parent substitutes, or others close to and responsible for the child).

HYPOTHESIS F

The most relevant aspects of this emotional milieu are parental warmth and parental control in relation to the child's needs, as well as stability in the parent-child relationship.

Rigorous scientific evidence, as opposed to clinical observation, bearing upon the above two hypotheses is scanty. Our discussion will therefore have to be fairly brief and speculative.

Studies of imprinting have relevance to hypotheses *C* and *D*. In simplest terms imprinting means the formation of an attachment. This attachment is normally to the mother. If the young animal is removed from the mother during the critical period, it still can attach itself to substitutes, even inanimate ones. If no substitute is provided, the young animal may die. Liddell *(109)* separated one of twin kids from a mother goat. The one died, while the other twin, left with its mother, thrived. In another experiment a litter of puppies is left in a field with the mother and kept from any contact whatever with humans. If they are so kept for fourteen weeks, they permanently lose their capacity to become attached to human beings *(112)*. Ducklings and goslings separated from their mother during the critical period attached themselves to Lorenz if he squatted as they followed him; but if he stood, they then attached themselves to his boots only *(112)*.

When normal imprinting is disrupted, the animal's capacity to attach itself and relate to its own species is disordered as are many of its physiological functions.

It is characteristic of psychotic children that they are unable to establish attachments to anyone. It is not known whether this is a result of some form of mistreatment or gross neglect during the period when infants are normally helplessly dependent on their mothers, or from some other cause. Spitz, in addition to his writings *(173, 174, 175, 176, 177)*, made a film showing that children separated from their mothers at five months and placed in foundling homes with excellent physical care but no love developed severe depressions and physical disorders, a considerable number ending in death. Bowlby *(24, 25, 26, 27, 28, 29, 30)*, who has studied the reactions of infants and young children to separation from their mothers, distinguished three states: protest, despair, withdrawal. These likewise demonstrate the vital importance of the natural biological need for a mother and the dire, irreversible effects that one would reasonably expect when such a necessity is withheld or otherwise interfered with.

The fact that the helplessly dependent infant is biologically conditioned to such completely symbiotic attachments leads among civilized parents—whose biological instincts may have become attenuated or perverted—to treatment of their young in ways that are injurious to them. Their infants may be made to become too dependent, may be coldly neglected, or abused by threats, punitive discipline, or be exploited in other ways that are directly or inferentially observed by psychoanalysts. It seems likely that a healthy attachment, responded to by love and disciplinary guidance, may perhaps determine the difference between neurosis and psychosis.

Harlow's experiments are now famous *(76, 77, 78, 79, 161)*. He exposed baby monkeys, separated from their mothers, in a small enclosure to a nearly vertical roll of chicken wire with a milk-yielding nipple protruding from its center. Next to it was another roll, identical except for being covered with terry-cloth toweling. Given a choice, each baby monkey clung to the latter cloth-covered roll. Varying the nipple showed that it played no part in the choice. In another experiment, baby monkeys sepa-

rated from their mothers and apparently handled very little by humans, were frightened by a mechanical face with flashing lights for eyes and grossly flapping parts. A baby with no previous cloth 'mother' ran as far as it could from this contraption and buried its face in its hands; but a baby accustomed to a cloth 'mother' rushed to it and clung to it. All of these baby monkeys showed severe disorders when they became adults: they were unable to relate to other monkeys or to the group, and their sex lives were deranged. When attentions of normal males were forced upon the unwilling females, the latter turned out to be sterile, only four out of forty-six becoming pregnant. Here the profound permanent effects of early maternal deprivation are dramatically demonstrated.

This type of study is a step toward detailed evaluation of hypothesis *F*, concerned with the most important elements in mothering for the child. It shows that sensory comfort in a 'mother' is more important to the baby monkey than the feeding function, but that the properties of being alive and belonging to the same species are immensely more important than the sensory comfort alone. What particular aspects of the natural mother are crucial still remain to be established.

Perhaps the three best known principles of learning theory are those of frequency, primacy, and motivation. All seem to combine to make it likely that the parent's influence on the small child is very great. The parent is usually the child's first or primary contact; the parent, usually the mother, is the most frequent one in the early years; and the parent is the one whose approval the child is most highly motivated to obtain. Under the combined impact of these three principles, the child can be expected to learn very well what the parent teaches him. What the parent teaches him is done partly consciously, in terms of skills and controls, and partly unconsciously and involuntarily, in terms of emotional interrelations. Moreover, the child tends to be like the parent, to take over his attitudes and feelings, to identify with him. The parents (or substitutes) may, of course, not be the only influence on the child's learning and so ulti-

mately on his personality. Siblings and other significant persons can also be important, but the parent appears to be the most important influence.

HYPOTHESIS G

The optimal or ideal conditions for personality development are characterized by a high degree of warmth, democratic control, and stability. To the extent that ideal conditions exist, maturation proceeds to the fullest, and the individual eventually develops a mature personality, i.e., becomes a responsible, productive adult of good will.

HYPOTHESIS H

Any deviation from the ideal conditions must necessarily take a negative course. The greater the deviation, the more thwarted the maturation will be and the more intensive and extensive becomes the pathology of the personality functioning.

Traditionally there has always been a relative lack of interest within the field of personality study in what makes people healthy as compared to what makes people sick or maladjusted. Recent trends have shown a modification of this attitude. Considering first the dimension of warmth versus hostility, the recent publication by Bayley and Schaefer *(15)* on results of the Berkeley Growth Study is relevant. They found that early warmth and affection in mothers are associated with calm, happy, coöperative behavior in boys at most of the preadolescent age levels. For girls, the correlation between early maternal affection and friendly coöperative behavior tends to decrease with age. It is curious that the strongest relationship between maternal warmth and friendly behavior in girls occurs at the age when the same relationship is smallest in boys. There were no data on the fathers. A different pattern emerges when the mother's behavior is assessed during the adolescent period of the daughters and sons. These data show that hostile mothers have unhappy and hostile daughters and sons.

Slocum and Stone *(168)*, in a study of factors associated with family affection patterns, gave a questionnaire to more than two

thousand teenagers in order to determine possible relationships between the subjects' perception of affection in their families and present behavioral variables. No striking relationships were found except that, on the whole, more benefits were shown to come from living in affectionate families than in ones where warmth is low. With respect to the autonomy-control variable, the findings appear even more consistent. Tsumori and Inage *(182)* interviewed and observed mothers and children. They found that infants tend to show better development under permissive mothers who are in frequent contact with their infants than under autocratic mothers *(cf.* also [*83*]). Of course, mothers showing different attitudes on strictness and frequency of contact may also have differed in other respects. However, the fact that alternative causation is possible does not detract from the significance of the relationship demonstrated between strictness and favorableness of development. Peck *(139)* and Peck and Havighurst *(140)* compared four dimensions of family interaction—consistency, democracy, mutual trust, and parental severity—with six dimensions of children's personality —ego strength, superego strength, willing social conformity, spontaneity, friendliness, and a hostility-guilt conflict. The results showed ego strength to be significantly correlated with stable and consistent family life in which there is mutual trust and approval between parents and child. Superego strength was related to ego strength and was associated with the same family factors but was not associated with severely autocratic rearing. Friendliness and spontaneity seem to arise from a lenient, democratic family atmosphere. The importance of stability and consistency was also reported by Scarpitti, et al. *(154)*, who found that boys originally selected as 'good boys' in an area where delinquency rate was high were found to continue to be good after several years, both in terms of their self-concept and their attitudes to parents and school. What particularly characterized the environment of these boys was a stable home life with few moves and few divorces or other destructive influences.

Baldwin, Kalhorn, and Bresse *(10)* showed a very clear relationship between democratic child-rearing attitudes in the

parents and psychological health in the offspring. Similarly, Watson *(188)* found that greater freedom in the parental discipline was clearly associated with more initiative and independence, socialization and coöperation, less inner hostility and more friendliness, and a higher level of spontaneity and originality.

Thus, there is remarkable concordance among the studies in support of hypothesis *G*. Research relevant to hypothesis *H* (concerning the effects of various deviations from ideal conditions) is too extensive to be covered adequately. Only a small sample of studies can be considered here. As an aid in organizing the presentation, Schaefer's circumplex model of maternal behavior will be utilized. Its two perpendicular diameters consist of love-hostility and autonomy-control (approximately, permissiveness-domination). Other dimensions can be described in terms of their relation to the other two. For instance, indifference falls in the quadrant bordered by permissiveness and hostility, overprotectiveness in the quadrant limited by warmth and domination. The following parental influences will be discussed: parental rejection, overdomination, indifference or underdomination, overindulgence, and overprotection. Inconsistency will be treated separately.

Parental Rejection

Maternal separation has been studied largely in institutionalized children, and these studies may be grouped under rejection. As noted earlier, many investigators have reported extensive detrimental effects *(26, 27, 28, 29, 30, 46, 67, 69, 113, 177)*; Bender's *(20)* general conclusion is representative: 'We found that children who had been emotionally deprived (usually by hospitalization) in the first several years showed personality damage beyond repair. . . .' Detailed factors and responses are being worked out, for instance, by Bowlby.

A great many studies of existing (not disrupted) parent-child relationships do yield results which are concordant enough to have shown that parental rejection without actual separation is a strong determinant in the behavior of the child. Some investi-

gators *(10, 144)* found that rejection in childhood leads either to shy and submissive qualities in the child or to aggressive, quarrelsome traits. These and other effects have been confirmed by Levy *(106)*. Redl and Wineman *(145)* found that children who experienced extreme rejection and abuse show fear and anxiety, low frustration tolerance, irresponsibility, panic in novel situations, and great difficulty in reacting to failures. Symonds *(179)* found rejected children to be fearful, hostile, overaggressive, and exhibiting antisocial behavior such as lying and stealing. Lewis *(107)* found a particularly strong relationship between parental rejection and unsocialized aggression in the child. The findings of Redl and Wineman concerning difficulties in handling novel situations have been confirmed by Shirley *(164)* and Heathers *(82)*. Peck *(139)* found hostility and guilt in children to be associated with an unloving atmosphere in the home. Glueck and Glueck *(66)* found, as have many others, that a high percentage of juvenile delinquents come from homes lacking in parental warmth. A growing number of studies emphasize the importance of the father *(8, 88, 89, 105, 127, 138, 160, 185)*.

Baker *(8)* and Sears *(160)* also show a close relationship between hostility in the parents and aggression in the child. They have made particularly careful separate analyses of girls and boys in relation to the father and mother separately. Quantitative factors, of course, enter into whether a child responds with shyness and timidity or with overaggressiveness, or in other ways.

Overdomination

A great deal of research has been devoted to the results of domination. In terms of the child's behavior, it commonly leads to the constellation of shyness, submissiveness, dependency, difficulty in establishing friendships, self-consciousness, dependability *(9, 144, 179)*. Mussen and Kagan *(128)* demonstrated the submissiveness and conformity in an actual experimental situation. Using twenty-seven male college students, they first elicited TAT stories from them and then observed them indi-

vidually in the Asch conformity situation. The results showed a greater proportion of extreme conformists than of independents perceiving their parents as harsh, punitive, restrictive, and rejecting. It is suggested that tendencies to conformity are manifestations of basic personality structure and are influenced by early parent-child relations. Lewis *(107)* found that strict and constraining parental behavior led to inhibited, neurotic behavior in the children seen in a clinic. Similarly, Peck *(139)* found a hostility-guilt complex in the children of severely autocratic and disapproving parents.

In contrast to these studies, other investigations show positive relationships between severity of strictness and aggressive, controlling behavior in the child. Bayley and Schaefer *(15)* report that controlling mothers have sons who are rude, irritable, impulsive, and independent. In an experimental situation in which he allowed male college students to give him electroshocks, Hokanson *(90)* found that the frequency of shocking was related to reported severity of punishment by parents during early life. In the same vein, Madoff *(114)* reports that mothers of delinquent children are more primitive, more controlling, and more authoritarian than mothers of a group of control subjects. Bandura *(11)* compared the family relations and child training practices of thirty aggressive and thirty withdrawn boys. Parents of the inhibited boys were shown consistently to deny the child an overt outlet for aggressive and dependent behavior. On the other hand, the parents of aggressive boys would not allow aggressive acts toward themselves but encouraged and re-enforced aggression outside of the home. Another difference between these two types of parents was in their disciplinary methods, the former using guilt to enforce obedience and the latter directly punitive discipline.

Most studies of parent-child relationships of children or adults who are mentally disturbed, alcoholic, or criminal report some combination of rejection and untoward discipline *(1, 6, 17, 23, 32, 35, 36, 39, 40, 48, 50, 53, 54, 75, 81, 93, 94, 102, 121, 123, 125, 135, 137, 141, 143, 147, 151, 160, 167, 169, 170, 180, 189, 192)*.

The opposite poles from rejection and overdomination may be considered to be warmth and permissiveness or autonomy. These two have already been discussed under hypothesis G. Three additional parental attitudes occupy intermediate positions in the circumplex model: the detached or underdominating parent, the overprotective parent, and the overvaluing parent. The first of these belongs in the quadrant bordered by hostility and autonomy; the second two in the opposite quadrant bordered by warmth and control.

Indifference or Underdomination

Insufficient control may be a manifestation of passive rejection and have undertones of neglect, but this is not always true. Bayley and Schaefer *(15)* found some detached, ignoring mothers to have reserved, timid, polite sons, while Ausubel *(7)*, Levy *(106)*, and Cameron *(34)* found a quite different clinical picture. The mothers studied by Bayley and Schaefer seem to be more indifferent, negative, and colder than those described by Ausubel. This, as well as other differences, may account for the differences in the children.

Overindulgence

According to Ausubel *(7)* the overindulged child may be very much like the underdominated child. However, he is more used to dealing with adults and will modulate his behavior to obtain what he wants from them as well as their approval. His relationship with his peers is precarious, partly because he has not learned to compromise with their need satisfactions. Few studies have been done on the overindulged child. On the circumplex of parental behavior, overindulgence would be closer to warmth than to control. Extrapolating from the findings of the effects of warmth on the one hand and overdominance on the other, one would expect the indulged child to be considerably better off than the overprotected child, who more closely resembles the overdominated child.

Overprotection

Levy *(106)* and Radke *(144)* both describe overprotected children as lacking in skill, apprehensive, shy, anxious, and submissive. Ausubel adds that they are unable to defend their rights, are fearful, and tend to withdraw from peer relationships to the company of parents and adults. In novel situations or under stress, they feel and act inadequate *(164)*. It may be noted that in the descriptions of the overindulged and the overprotected child, there are no references to hostility, although clinical experience clearly shows that the overprotection and overindulgence produce attitudes and feelings which cause a strong sense of inferiority and which make frustration inevitable; both the sense of inferiority and frustration produce hostility *(153)*.

Inconsistency

In the study by Peck *(139)* stability and consistency in the family life were found to be significantly correlated with ego strength in the child. In a similar vein Scarpitti *(154)* found, as mentioned, that the boys who stood out as 'good' in an area with high delinquency, characteristically had very stable home environments. Inconsistency in parental attitudes has frequently also been held to be one of the determining factors in the etiology of schizophrenia *(14, 75, 146)*. Eells *(49)* has reported disturbances in animals as a reaction to inconsistent treatment.

Most studies support hypotheses *G* and *H;* i.e., the more parental attitudes are characterized by love, warmth, permissive and democratic discipline, stability, tolerance, and security, the more emotionally healthy and well-adjusted is the child. Conversely, deviations from these ideal conditions result in various maladaptive attitudes on the part of the child and in failures and warpings of development which constitute and produce psychopathology, including man's hostility to man.

In sum, it seems unmistakable that the varied evidence supports the essential validity of these hypotheses and of the clini-

cal formulation that the child he once was lives on in every adult. The long-range challenge to the behavioral sciences is to make a better world through avoiding the abuses in child-rearing which make men of cruelty and violence instead of mature adults of good will.

II

HYPOTHESES AND IMPLICATIONS[4]

The simple statement that early influences profoundly affect adult behavior contains many implicit questions and hypotheses. Since we have reviewed representative evidence for some of these hypotheses, our purpose now is to make a more detailed theoretical analysis to make more explicit the implicit hypotheses and some of their interrelations—for science progresses reciprocally by formulating hypotheses from adequate factual observations and by testing and altering these hypotheses through further observations.

MAJOR MOTIVATIONS, PATTERNS AND GROUPING

Each person shows a certain deep-seated pattern of motivations, a pattern remarkably constant, that distinguishes him from all other persons. This basic, underlying, constant pattern can properly be called the nucleus of his personality. Stated in other terms, each personality is represented by a nucleus which consists of a personal pattern of motivation. This can be discerned and described for almost every patient who is intensively treated by the psychoanalyst or dynamic psychiatrist and the raw data can be presented, limited only by its confidentiality. This nuclear pattern results from few motivations stemming from the id and the superego with the ego functioning as receptor, integrator, mediator, and executive.

The term *motivation* broadly includes drives, impulses, instincts, and the like, to which the total organism reacts as a unit. An example of such a reaction is the fight-flight response

[4] This part of the paper was prepared solely by the senior author.

to frustration or danger. If we exclude the incidental and the partial from the basic, there are only about a dozen fundamental biological motivations and approximately thirty defensive reactions to them. Most patients have a few grossly comprehensive relationships to the superego, the aftereffects of the major emotional relationships with their parents.

Fundamental motivations are: 1, Total neonatal dependence upon the mother for food, warmth, shelter, protection. 2, Thrust of development toward independence; choice between what is permitted and what is not. 3, Craving for affection, attention, support, and consistent disciplinary guidance. 4, Desire to respond with reciprocal affection to others. 5, Sexuality and mating; reproduction and rearing offspring. 6, Social adaptation, coöperation, beneficent impulses toward family, friends, humanity. 7, Impulses to flight, hatred, or destructive aggression from frustration and danger, real or imagined.

The basic motivations are common to all humanity. Underneath intellectual endowment, social and cultural accretions, the more fundamentally alike are the strivings, needs, and reactions of individuals. These motivations vary from person to person in quality, intensity, and in their special combinations. 'There's so much bad in the best of us and so much good in the worst of us. . .', but how much and in what proportion and combination makes an enormous difference for the person and for society. As Freud saw *(59)*, it is this quantitative difference which determines emotional disorders. As each person represents one of the innumerable possible variations, he is therefore unique. A rough analogy is provided by chemistry, in which about a hundred basic elements account for all the specific substances in the universe.

It is each person's subjective perception of the basic motivations and reactions of his psychophysiological organism as a unit which is the foundation of his emotional life, of his feelings and thoughts, and of his behavior. It is this perception, be it conscious, preconscious, or unconscious that constitutes the psyche. It is one of the great discoveries of modern times that

the preconscious and unconscious can be made conscious by the most direct and effective method yet available, namely, by psychoanalytic techniques for clinical study of selected persons, chiefly those who can reveal themselves for therapeutic purposes. Other techniques utilize widely differing methods.

MAIN VARIABLES DETERMINING DEVELOPMENT AND PATTERNS OF MOTIVATION

Two broad classes of interactive variables determine the pattern of motivations (personality) in each individual: maturational factors and external events. Among the latter are included all prenatal nutritional, toxic, emotional, and other agents acting upon the fœtus through the mother.

Maturational factors are the potentials for development. Assuming that the fœtus and the newly born infant are physically and mentally healthy in all ways, it is expected that development will proceed to adequate, or superior, physical and emotional maturity unless acted upon by adverse external forces. There is at present no substantial evidence that hereditary factors have any importance in impairing the normal course of emotional development and the achievement of emotional maturity. It must be emphasized that organic conditions, mental retardation, and idiopathic psychoses are excluded from our discussion.

Some correlations between body types and personality reported in the literature suggest that there may be hereditary factors that predispose to corresponding temperament and personality; but these have not been demonstrated to be appreciably causal in the development of psychopathology. Studies of identical twins provide imposing data, but they do not establish that causes of similarity of psychopathology lie in heredity rather than in similarities of early environmental influences. The routine family history is no longer valued as more than slightly suggestive since psychoanalysis demonstrated the transmission of characteristics from parent to child through the child's treatment by and identification with the parents.

Recent studies which indicate differences in motility and other reactions from birth have not established that these differences are inherited and not a result of the mother's way of life before the child was born, including such contributing factors as drugs, alcohol, emotional state, and others. Nor do they suggest that the variations in the infants studied are wider than differences in temperament within the bounds of normal healthy emotional development.

There is historically a strong prejudice, not only among laymen but also in psychiatric tradition, in favor of hereditary factors as causes of psychopathology; but on the evidence as we know it, the thrust of the healthy human infant to mature is like that of the pine seedling to grow straight and strong. Whether inherited aberrations exist which can warp is not established; but there is no doubt that external influences can crush any seedling and any psyche. No infant, no matter what his heredity, can withstand being driven into a psychosis if sufficiently abused psychologically by omission or commission.

Maturational factors are the forces that lead to the development of physical and social maturity. A good deal is known about these from psychoanalytic and other studies *(153)*. The analyst in daily clinical work observes what has impeded or otherwise distorted each patient's emotional development, and he learns how each individual would presumptively have matured had there not been injurious influences. He sees over the years the course of development of those patients who have been able to resolve and become free of the conditioning effects of early traumatic influences.

All patients tend to move and, with help, do indeed move strongly toward a certain common motivational pattern. Discovering the sources of a patient's problems helps to engender certain positive motivations. For example, relinquishing pathological extremes of dependence and need for love, hostile competitiveness and rages of the small child, helps the patient to develop the capacities of a parent for responsibility, giving, and social coöperation *(153)*.

Regression—the tendency to retain or return to infantile attitudes—is present in everyone. This leads to the conclusion that one achieves only relative emotional maturity because, as Freud concluded, of the very long period of dependence of the human young. The analyst reconstructs what his patient could be like had his fixations and regressions not been abnormally intensified and thus, by simple extrapolation, can clearly discern the nature and degree of the patient's emotional immaturity. Maturation is a powerful, unidirectional combination of biological forces which acts best under ideal conditions but is capable of continuing against disadvantages. The healing of emotional as well as physical injuries may be considered part of the maturational process.

It follows as a consequence of these considerations that the environment need only provide an approximation to ideal conditions for development and maturity will ensue naturally. Nothing need be done to stimulate or promote it; indeed, any such attempts, in so far as emotional development is concerned, are apt to be deleterious.

External influences on development of personality involve certain broad hypotheses. Time relations are of great importance. In its essentials each individual's personality, his nucleus of motivations, is established at approximately six years of age *(59)*. Although there may be certain vulnerable periods, in general the earlier the external influence is exerted, the greater its effects upon the developing personality. After about the age of six, though growth and development continue for life, their directions have for the most part been set, and the nuclear pattern remains on the whole fairly constant. One or another aspect of the pattern will be brought to the fore by circumstances, whether special strengths or specific vulnerabilities.

How early influences operate can be shown in the following example. A young couple wanted a child but when the baby girl arrived the mother did not want her because of her own emotional complexities. Feeling guilt for rejecting the child,

she overcompensated by giving her daughter incessant attention. By four months, the child was so demanding of the mother's presence and attention that she could not be separated from her without crying in rage. There was already a disturbance in this baby's personal relations; she was 'an unpleasant child', not 'appealing', and one could confidently anticipate self-induced rejections unless the mother's feelings changed toward her.

The pattern of the emotional relationships formed in the child toward those close to him persists throughout life toward others, not merely in a general way but very specifically and precisely in his major features and often in great detail. Very realistically, the child we once were lives on in all of us. For instance, a man was so overindulged during early childhood that he never could rebel; he remained in middle life a petulant, demanding, irresponsible bachelor. Another man who in early childhood was too much dominated by his mother was also given considerable freedom by her and by his father. In later life he rebelled against all authority *(153)*. Every analyst sees such parallels in all of his patients.

Among individuals, the differences in personality and disorders of personality are expressions of the unique combination of influences which acted upon each of them in childhood. Why an emotional disorder takes one form rather than another—the 'choice of neurosis'—becomes understandable on this basis. Different individual outcomes result primarily from the qualitative and quantitative variations in the emotional forces which acted during infancy and childhood to produce the variations in motivational patterns.

The child who during his first six years has had favorable relations with those responsible for his rearing, has a stable core of good relations toward others and can withstand a good deal of injurious influence thereafter. Conversely, a child treated badly during his first six years will never become adequately mature. Babies are easily driven into psychotic, prepsychotic, and other seriously disordered states *(108, 109, 173)*.

Most persons fall between the two extremes: they have sufficiently good relationships before the age of six to continue maturing despite other warping influences, but they retain throughout life some problems in their feelings toward others and toward themselves.

These concepts can be represented diagrammatically. A curve representing the impact of external influences upon the formation of personality would be negatively accelerated; it would fall sharply at first and gradually reach an asymptote.

Fig. 1 Impact of an external influence at different age levels.

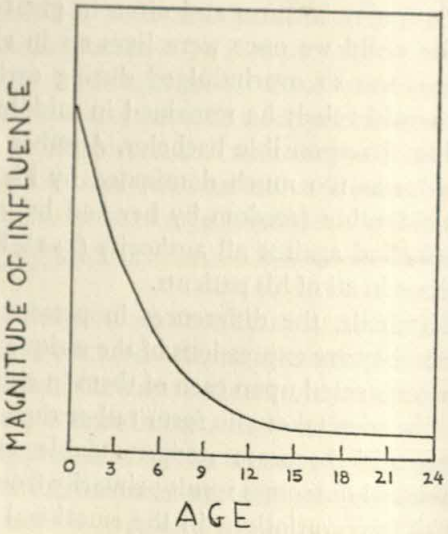
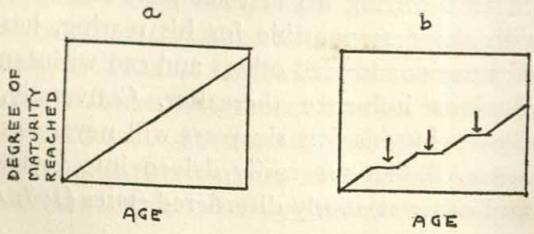


Fig. 2 Schematic illustration of the course of maturation: (a), under optimal conditions; (b) when acted upon by childhood traumata (marked by arrows).



What types of external variables influence personality development? Given adequate conditions for physical survival (food, clothing, shelter, etc.), the most important by far of all the external influences observed by the psychoanalyst in practice is the emotional relationship to the child of those responsible for and close to him: his personal emotional relationships.

Statistics for emotional disturbances of all kinds, including crime, addiction, and other behavior disorders, suggest that the ideal situations are rarely approached and probably never entirely realized. Nevertheless, it is of the greatest importance for humanity to define the ideal conditions for emotional development as accurately and concretely as possible, for without better child rearing there is no hope of reducing ubiquitous psychopathology.

The ideal setting for the child to mature is a quantitative matter. Too little or too much of any of the emotional components in the parents' attitudes, feelings, and behavior toward the child generally operates negatively to inhibit, retard, deflect, or otherwise disturb or warp the straight development of the child to maturity through the force of his inner biological thrust. Ideal conditions for the child's emotional development can be defined only through much careful study. The physician is better acquainted with disease than with health, for it is that for which he is trained. The analyst studies psychopathology and its origins, and the literature is little concerned with the childhood conditions for healthy maturing. Since our subject is the effects of early influences, this topic must be included. Drawing on his clinical experience, the senior author sets forth certain principles.

Parents need to recognize the importance of the period from conception to age six in the formation of the child's permanent personality. Some parents think that because young children do not talk or reason cogently, nothing they experience matters. The opposite is the fact: because they have no words with which to express themselves, the more helpless are children to master quantities of emotional tension. Parents who are not

intuitively endowed need to understand in simple, understandable language the phenomena of imprinting and of conditioning—the importance of the child's forming attachments and the shaping of them by how he is treated.

The quintessence in child rearing lies in sustaining good feelings, good human relations between children and their parents, always including, of course, substitutes and others of emotional importance to the child. Details and techniques are not important if the basic feelings are good. Since children relate to parents by identification as well as through their dependent needs for love, they require sincere models and examples in the parents of mature, responsible, loving behavior. To a very large degree, children psychologically incorporate the personalities of the parents as they see them and intuitively sense them to be. A man may be a criminal, but if his child finds him a loving and responsible father, the child can make of him an ideal of mature behavior.

Love is of course the indispensable constituent of good feelings. Its essence is an abiding devotion to another person for his own sake, without expectation of any sort of gain or reward. Love is a natural feeling of parents for their children. The ideal mature parental drive is unfortunately too commonly corrupted by immaturities in the parents.

The biological thrust of a child's development to maturity is complemented by the parents' biological readiness to provide the child's emotional and physical requirements, in accordance with his changing needs. The task should not be to teach parents a new and artificial method of rearing their children, but to release and encourage what are by nature mature instinctual feelings for the child's needs. These feelings include responses to provide the child with the following essentials.

Security. The infant is helpless and his cry is to summon the parents whose good feelings for him are his only guarantee of survival. If the parents deeply want to do the best for him and can reasonably provide it, the child is secure from birth.

Affection is the demonstration of the parents' love: their commitment to the child's welfare. If this is overdone, the parents are exploiting the child for their own needs, and not for the child's welfare.

Respect. The smaller and weaker the child, the more sensitive and the more he requires to be treated with consideration, as a person with his own dignity and a right to his own needs according to his capacities.

Understanding. Whether it be by words, sounds, pantomime, or example, the parents should find the appropriate means of communication by which they can teach, anticipate, and guide. This is an ability to identify with the child, to feel as he feels—a sense of sympathetic understanding. Children who grow up with such understanding have a similar sympathy and understanding of other adults when they mature. Understanding of the child provides the recognition by parents that habitual rages and fears in a child are signals that he has emotional problems which, if allowed to persist, will develop into an emotional disorder.

Harmonious feelings between parents and child require harmonious feelings between parents. In ways not difficult to understand, hatred between parents has deleterious effects on the child.

If, as it seems, the child matures naturally into a responsible spouse, parent, and citizen unless acted upon by injurious influences, nothing should be forced in this development.[5] A contented infant can amuse himself much of the time, and does not require constant attention. Adaptation to others is gradually achieved by the child at his own pace as a part of healthy development. The best means for guiding such socialization is

[5] It has long been suspected that some law of nature underlies human moral laws as expressed in the major religions. If the child matures naturally into a constructive, responsible spouse, parent, and citizen this would be such a law. Well-treated by his parents, he matures well and continues this pattern by treating others well. Obviously it is not in the interest of survival for any species to treat its own members injuriously. Man is almost unique in the animal kingdom in destructiveness to his own kind. Thus far he has multiplied in spite of it, but at the expense of enormous and needless suffering.

love and reason. The small child gets a better idea through the tone of an explanation than through intellectual understanding. Discipline through punishment is usually an excuse to vent the parents' anger and is so sensed by the child. Studies show that vented in that spirit, anger is ineffective or succeeds at the price of damaging the child's relationship with the parents *(13)*.

That you should treat your child as you would wish to be treated is trite but true; otherwise the child will take out upon you, upon others, and upon himself that which was done to him during his formative years. The greater the deviations from harmonious, loving relationships, the more the emotional development of the child will be disordered, and the more intensive and extensive will be his psychopathology.

Parental hatred, abuse, and neglect are introjected by the child as his superego. For example, if a mother is punitive and rejecting, through a process of conditioning the child comes to associate this behavior with the mother and to expect it each time the mother appears. This can result in the child's expecting such treatment from everyone, or especially women; or he may treat himself badly, as his mother treated him. Thus the traumatic treatment is taken over in the child's mind with the image of the parent or other person and persists through life. Both the image and the reactions to it may be unconscious.

Injurious external influences producing psychopathology can be grouped into two broad categories: first, various forms of 'doing too little' (neglect, rejection, cruelty, coldness); second, 'doing too much' (overindulgence, domination, seduction). Both—which Freud *(59)* so charitably called parental 'blunders'—give undue stimulation to the fight-flight response in the child. Physical flight being impossible, its psychological counterparts, repression and withdrawal, occur. The fight response becomes hostility, which Freud *(58)* considered to be the prime source of guilt. Regression and hostility play a central role in all psychopathology.

SUMMARY AND CONCLUSIONS

Each person has patterns of motivation and reaction which underlie his thinking, feeling, and behavior. These fall into two general categories: the mature and the infantile. The mature pattern results from the variable success of an innate thrust of development toward the attainment of full realization of the individual's potential, toward being a productive, responsible spouse, parent, friend, and citizen. (Probably this is the law of nature so long suspected of underlying human moral law.) This outcome is fatefully influenced by the childhood pattern which can facilitate it and enhance it, or can impair and warp it. The characteristic childhood pattern for every individual, healthy or warped, depends decisively upon the habitual attitudes, feelings, and actions toward the child by those primarily responsible for him. The warped childhood pattern threatens the security, stimulates the fight-flight reaction, and is the core of all psychopathology. It may be called the 'pathodynamics' to distinguish it from the total psychodynamics, the interplay of all of the forces in the personality.

The above concepts and hypotheses should be examined rigorously and in greater detail to determine what requires further analysis, what needs more lucid clarification, what can be clinically established. Some additional clues may be gained from related behavioral sciences, by analogy from anthropology or by extrapolation from animal psychology.

Although the fields of personality, behavior, and psychopathy are relatively new, Freud *(57)* supplied the means, hitherto unavailable, that have led to rapidly expanding discoveries. Much remains to be learned and other factors will emerge, but in this atomic age time is running out. The hypotheses derived from clinical psychoanalytic experience are supported in many fields by other investigators using widely differing methods. The conclusions forced upon us stem from firmly supported hypotheses.

1. There are constant features in each personality. These

form a nuclear pattern of motivation and, therefore, of thinking, feeling, and behavior. This constellation is formed by relatively few motivations, perhaps a dozen, combined in a variety of ways and proportions. The motivations and feelings are common to all humanity. It is the variations in quantity and combination which make each person unique and individual.

2. The individual emotional pattern is molded by external influences acting upon maturational and motivational forces.

3. The emotional pattern is basically shaped during the first six years of childhood. Early emotional influences have much greater impact on development than do later ones, and the former are particularly momentous whenever they coincide with functions emerging and starting to develop.

4. The forms given to motivation of personality shaped in childhood tend to become fixed for life, unless external circumstances significantly alter them.

5. If the physical necessities of existence are adequately provided, the only vital influence upon the infant's development is the attitudes toward him of those intimately responsible for his rearing.

6. The type of emotional relationship the child forms with those close to him in the earliest years of life remains in detail with the individual throughout adult life, in his relationship to himself and toward others.

7. The physically and psychologically healthy baby grows into a healthy adult organism unless acted upon by injurious influences.

8. Favorable circumstances for a child's optimal development include the security of love, freedom combined with reasonable discipline, mutual respect with parents, and a sustained atmosphere of good feelings from and toward others.

9. No more important fact has been found than that the properly reared child becomes a mature adult; and that adults who are irresponsible, unproductive, and hostile to others have a psychological disturbance that began with injurious influences during the early years of their lives.

The inevitable and simple conclusion is that if all children were properly reared, we would have a world of emotionally mature men and women. What we see instead is not human nature but a variety of characterological disorders which are so nearly universal that we mistake them for human nature.

10. It is true but, obvious as it is, it still requires detailed confirmation that human society can be vastly improved by education and other measures designed to ensure that children are well reared in uniformly favorable circumstances, and by avoiding abuses of children that warp their lives.

The great basic divisions of humanity are between parents and children; and, among adults, between the maturity of good will and the infantilism of cruelty. That so many 'lead lives of quiet desperation', of excessive anxiety, vain effort, frustration, and psychic pain is no longer necessary.

Human suffering from want, overpopulation, crime, tyranny, and war now appear basically to be the results of emotional disorders—failures to reach rational solutions because of distorted feelings toward other persons which originated in childhood as reactions to faulty treatment by the parents. Man has much more than adequate intellect with which to solve the world's economic and social problems. If there were prevailing good will on all sides, these and other problems would present few difficulties.

There are no panaceas that will quickly provide the perfect society, but we hold the key to the prevention of much cruelty and suffering. We are learning to define the pitfalls and the desiderata in child rearing. And if we had one generation of children properly reared, we might have Utopia itself.

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HYSTERICAL PERSONALITY: A RE-EVALUATION

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Through the study and treatment of hysterical symptoms, psychoanalysis as a science was born. The psychoanalytic technique, including the use of dream and free association, and its theoretical foundations as well, such as the concepts of repression, conscious-unconscious, early traumata, wish-fulfilment, symptoms as compromise wish-fulfilment, etc., derived from the study and treatment of these hysterical phenomena. The trend of psychoanalytic interest has over the past forty years shifted far from these roots. Some of the factors involved in this shift are:

1. The general course of psychoanalytic thinking has always been merged with the clinical. Repeated inconsistency in the ability of the method to reverse the course of the hysterical symptoms has led to uncertainty, discouragement, disinterest, and, in Freud's words, 'affords us a good reason for quitting such an unproductive field of enquiry without delay' *(5)*.

2. There have been, over the years, changes in the presenting problems of patients seeking to be psychoanalyzed. No longer are we presented with the florid conversion reactions, fugues, massive amnesias, etc. Today our more sophisticated, urbanized patients complain of chronic maladaptation in living, i.e., in working, loving, and playing. The characteristic modes which predetermine these maladaptations have been designated 'character neuroses' or 'character disorders'. The character traits relating to the obsessive modes of dealing with neurotic conflict have been formulated, organized, and more generally validated as a distinct clinical entity. Freud *(4)* and

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Abraham *(1)* originally described the basic character traits of obsessive character but there has been almost no attempt to systematize the concept of the hysterical personality. Freud has suggested some relationship between it and what he called the 'erotic personality' *(6)*, whose major goal in life is the desire to love or above all to be loved. Even here Freud is most careful not to make a simple correlation between this personality type and a tendency to develop hysterical neurosis. Wilhelm Reich *(12)*, Fritz Wittels *(15)*, Sandor Rado *(10)*, and others have attempted a descripion of the hysterical character.

3. The shift in interest from the single traumatic event to the complex mechanisms used by the psyche to cope with anxiety has resulted in a concomitant shift of psychoanalytic emphasis from fantasy content to defensive ego maneuvers. Moreover the hysteric is, if anything, characterized by fantasy, capriciousness, inconstancy and whimsy, and the intellectualized, scientific, methodologically bound investigator has been more at ease in the study of patients characterized by rigid, intellectual, and definitive ego maneuvers, namely, obsessives.

4. Not only are the hysterics, in the psychoanalytic discipline, caught in their own history but the name itself is enmeshed within its popular, even idiomatic meaning. The rubric connotes the hysterical woman, hysterical attacks, in short, 'a caricature of femininity' *(3)*. Hysterics are wont to live up to, in fact, to exaggerate their role. They apply themselves to whatever name one may call them. The psychoanalyst in his countertransference can be aroused by the contagion of the exaggerated affect. He finds himself 'holding the bag' emotionally, provoked into overplaying his role as therapist, while his patient changes course and heads down a new emotional alley, perhaps a blind one. These experiences are common to all therapists and their frustrating consequences lead analysts to exert caution, not only in regard to specific patients, but to the entire category.

5. This therapeutic chagrin may be a cause of an interesting paradoxical dissociation. On the one hand, the hysteric theoreti-

cally is considered to have achieved the highest libidinal level for neurotic fixation, i.e., phallic-œdipal, and on the other hand, the sufferers are regarded as frustrating, provocative, infantile, teasing, suggestible, irresponsible, nonintuitive, egocentric, nonproductive citizens. As such they are regarded with contempt and disparagement *(2, 3, 13, 14)*.

We should not be surprised to find that the hysterical personality falls victim to every possibility of misdiagnosis and skewed prognosis. Frequently within one author's list *(7, 8)*, we find hysteria allocated to every point on the prognostic range. To quote Knapp: 'Our follow-up reports so far tend to indicate that hysterical patients are, to put it simply, very good or very bad patients . . . '. In the above authors' study of twenty-five patients entering analysis, of the nine considered most suitable, the diagnosis of hysteria was made in the majority; in the eight 'moderately' suitable, the diagnosis of obsessive-compulsive neurosis was made in the majority; in the least suitable, four of the six most disturbed patients had presented symptoms of hysteria at the time of intake. Moreover, in a companion study of the same research team, there were eight cases which differed appreciably in analytic results from their original expectations. 'Two results were better than expected and six worse. Five of the latter six could be regarded as predominantly hysteric in character structure, but the two patients who had done extraordinarily well were also hysterical.'

Evidently investigators such as the Boston Group *(8)* have highlighted the need for greater diagnostic precision and evaluative formulation. It is well known that psychoanalytic theory faces difficulty when it attempts to relate either character modes or symptom complexes to any one diagnostic entity. The terms, hysteria, hysterical character, etc., are so loosely defined and applied so promiscuously that their application to diagnostic categories has become meaningless. The use of these labels for evaluation, analyzability, or prognosis has become tantamount to predicting a throw of the dice.

This confusion has moved the authors to review their own

clinical experiences. Hysteria encompasses conversion hysteria, phobic reaction, fugue states, and hysterical character. We are limiting ourselves to a scrutiny of the hysterical character. We feel that hysterical character neurosis can be differentiated from other clinical syndromes which use hysterical mechanisms. It is our hope that we may, by so doing, clarify and delineate hysterical character as a more specific clinical entity.

We shall use material from the study and analysis of six female patients who fall within the diagnosis of hysterical personality.[1] Later we shall differentiate this group from a larger patient group who use hysterical mechanisms but diagnostically should not be classified as hysterics. For the purpose of this paper we shall refer to this latter group as 'hysteroid'.

The patients with hysterical personality ranged in age from twenty-one to thirty-one years; three were married and three were single. All showed good to superior performances academically and occupationally. All followed usual female pursuits; two teachers, one actress, one secretary, one personnel manager, and one housewife. They were buoyant, sprightly, lively, and energetic. While varying greatly in appearance, they were all feminine and attractive. Their charm was not dependent upon overt flamboyance or drama. This group of patients in no way displayed the provocative, seductive, exhibitionistic, high-styled attire usually attributed to the hysterical patient.

The presenting problems revolved in the main around sexual behavior and the real or fantasied sexual object. They all complained of disillusionment and dissatisfaction with their lovers. This followed the shattering of a romantic fantasy.

Although the patients showed varying degrees of sexual inhibitions and malfunctions, from total inhibition to seemingly normal sexual functioning, all expressed concern over their pas-

[1] We have excluded male hysterics from this presentation because of a lower incidence and because in the male, at least in Western society, hysteria is most often associated with effeminate characteristics. This proneness to effeminacy and homosexuality complicates and adds other dimensions to the personality.

sionate sexuality and their fear of the consequence of such passion. The fear of their sexual passion was multidetermined. Unconsciously they were motivated to compete with women, to seduce and conquer men, and to achieve security and power vicariously through the passionate engagement of the man with themselves. These goals and the means by which they were reached were contained within their rich fantasy life. The fantasies usually involved an irresistible, magnetic body that was to be exhibited to conquer the male and exclude all other women. The burlesque queen, the *femme fatale,* the diva served to portray this image. These fantasies tended to be pure wish-fulfilment and did not contain painful, masochistic elements (as did fantasies of the more pregenitally oriented 'hysteroid' patients).

The other major presenting complaint was a sense of social shyness and apprehensiveness which contrasted with active social involvement. Not one of this group lacked long-term friendships, social and cultural interests. Although all were apprehensive with strangers and in strange situations, they became rapidly and successfully involved. Nonetheless, they failed to gain confidence after repeated success. This continued apprehensiveness was associated with severe humiliation and shame should rejection occur. They obtained pleasure in entertaining others and assumed the role of hostess with graciousness, so long as they held the center of the stage, through ingratiation and seductiveness as a rule, through temper tantrums when necessary. These traits make the hysteric a warm but often trying friend.

The sense of family and family relations was strong in all. There was a marked difference in their behavior within the family group and outside it. At home, especially with their mothers, a marked regression occurred. Self-reliance, assertion, and competitiveness diminished and inhibition replaced social vigor. Their families regarded these women as juvenile, inefficient, dependent, cute, and lovable. One patient kept the nickname 'Baby' until marriage.

Each had been and remained profoundly involved with her father in actuality and/or in fantasy. These fathers were all seductive. Most were dominant, arbitrary, excitable, volatile, controlling, and imaginative. Within the family, the father wrote the family comedies and tragedies. He was the inspirer and the director. Two fathers differed in that they were moderate alcoholics, soft, and submissive. Through their romantic fantasy they created the expectation of future drama and adventure, captured so well in the portrayal of the father in A Tree Grows in Brooklyn. An important characteristic of the father-daughter pair was the stimulation and seduction abruptly changing to condemnation of sexual and romantic interest when the daughters reached puberty. One father insisted that his ten-year-old daughter accompany him in a lengthy search for a strange man who purportedly had invited her for a stroll. Another, overhearing his eleven-year-old daughter's exuberant laughter as she was walking down the street holding hands with a classmate, exploded into a fury, saying, 'you were holding hands, it's disgusting'. Femininity, charm, and seductiveness were not only tolerated but admired and elicited as long as their physical aspects could be held in oblivion. With the budding of puberty, the attraction of the social world, and the appearance of suitors these fathers reversed their attitudes in order to preserve their pleasure in their little girls.

The mothers in this group were consistent and responsible. All were engrossed in their children and their homes. They wanted their daughters to live out their own frustrated, romantic fantasies, but they maintained their social and community interests. The patients' later social aptitudes, feminine interests, as well as their social anxiety, stemmed from identification with their mothers and from active promotion by them.

Typical of this relationship was a mother who devoted herself to the prettifying of her little daughter and spent many hours making clothing for her. This behavior continued throughout the daughter's adolescence, marriage, and even after her divorce. Following the patient's divorce, the mother

sent her an elaborate and inappropriate hostess gown that signified the mother's re-establishment of her own fantasy of her child.

The major psychic conflict occurs when the gratification of physical sexuality is inhibited and repressed. Romance then preoccupies and invades every area of functioning. Since these women remain fixated to their fathers into their adult lives, the mother must be perceived as uninteresting sexually, frigid, and ridiculous in her pretense toward desirability, and observed with scorn or benign condescension for her housewifely, female pursuits. The patients are not aware of their extensive identification with and envy of the same attributes they so heartily condemn.

The conflict with the father revolves about the inability to relinquish the infantile fixation. The early demand for love and affection, dominance in other relationships of the unchanged romantic image of the father, and an envy of and desire for the father's purported physical attributes (penis envy) substitute for the forbidden sexuality. The later heterosexual relationships are typically marked by overintensity and by a fearful adulation of the partner.

We consider then the following traits to be those most intimately associated with the hysterical personality:

Labile emotionality. The predominance of the use of feelings rather than thought in crises and conflicts.

Direct and active engagement with the human world. The overt and covert need to love and more especially the need to be loved *(6)* result in hypersensitivity to others. The patients are concerned with their own emotional reactivity, are self-absorbed, and show 'an exorbitant degree of affectionate interest in self' *(10)*. Their egocentric need to test love through interaction with others accounts for the variety of their emotional upheavals, from enthusiastic crowing to weeping, wailing, anger, and panic, depending on the real or fancied response of their audience.

The hysterical patient responds badly not only to frustration but also to over-excitability even though she herself may have been its main instigator. Both the pursuit of excitement and the defense against its realization result from constant proneness to distort environmental stimuli into sensual, often sexual, contexts. These distorted perceptions then feed back into the existing excitement. As tensions mount the sensual excitement terrifies the patient who responds with overt anxiety and flight.

A close relationship exists between excitability and its derivative fantasy. These fantasies are almost always concerned with romance and romantic sexuality. They are also used to 'embroider, heighten, and sexualize the existing relationships' *(14)*.

Suggestibility has, from the time of Charcot, been emphasized as a major, often the major, trait of the hysteric. The preeminence of suggestibility has been doubted more recently *(3)*. In the patients that we are designating as hysterical personalities we have been impressed not by manifest suggestibility but by the strength of the defense against suggestibility. Rather, suggestibility occurs more often in the object toward whom the emotionality of the hysteric is directed. The interpersonal transaction often results in the hysteric's receiving the suggestion she has assiduously implanted. More simply, she receives the suggestion she has wanted all along.

Dislike and avoidance of the exact, the rote, and the mundane. These characteristics account for such labels as irresponsible, inconsistent, self-indulgent, and rebellious. Nevertheless, although the hysteric never does a job for a job's sake, she is capable of proficiency when the tasks have sufficient scope to inspire her and to allow her to express her real or fantasied sense of drama. Despite the irresponsibility for details, the capacity to fulfil the over-all task may be present. In our group of patients superior performance was the rule rather than the exception.

Closely related to this seemingly irresponsible, flighty quality is the maintenance of her self-presentation as a child-woman. Part and parcel of this child-woman façade is a denial of the un-

pleasant, the distasteful, the forbidden, the actual or fantasied transgression, through insouciance, naïveté, and inexperience.

The hysterical mechanism is a major psychic defensive mode. In this sense it is used by all personalities, from the normal to the most pathological. The basic hysterical mechanism involves the substitution of emotions, one for the other, or a shift in the quality of an emotional response so that it becomes, paradoxically, a substitute for itself. Any emotion may serve as a signal analogous to the use of anxiety as a warning signal against anticipated body damage or intrapsychic tension. Thus, an emotional reconnaissance is, as it were, sent forth in lieu of true, meaningful reactivity. One observes an impressive array of emotional behavior, emotional thought, emotional interrelatedness, and emotional use of the body. Despite its intensity, this emotionality always remains peripheral and a shield for the core affect. A tantrum can ward off the awareness of sexual excitement, of competitive triumph, and of feared rage in anticipation of rejection. This mechanism perpetuates vicarious and fictitious satisfactions without requiring confrontation of the primary underlying desire. Fantasy replaces actions, the implications of behavior are discounted. This may be accomplished through minimizing the behavior as play, reducing it to emotional absurdity, or exaggerating the psychic actions. The substitutive emotionality and emotional maneuvers are overdetermined as in the formation of a neurotic symptom. They serve, at once, adaptation and security, disguised and distorted gratification, secondary gains, as well as the primary defensive purpose of concealing from consciousness the basic motivating conflict.

In order to delimit the hysterical personality it is necessary to differentiate our group from other patients who also employ hysterical mechanisms. These patients range widely diagnostically from the infantile dependent to the borderline, and the psychotic. For the purpose of this discussion we shall designate these latter groups as 'hysteroids'.

In many instances the hysteroid would appear to be a caricature of the hysteric, much as the hysteric has been said to be a

caricature of femininity. Each characteristic is demonstrated in even sharper dramatic relief. The bounds of social custom and propriety are breached. The latent aggressivity of the exhibitionism, the competitiveness and the self-absorption becomes blatant, insistent, and bizarre. The chic becomes the mannequin; the casual, sloppy; the bohemian, beat. Thus, a hysterical patient was able to enjoy the pleasures of the beauty parlor only after analysis had broken through her defense against exhibitionism while a hysteroid patient changed the color of her hair one to two times a week to keep pace with her rapidly shifting moods.

The adaptational functioning of the hysteroid is erratic. Inconstancy and irresponsibility cause the patient to suffer realistic rebuffs, injuries, and failures. By contrast, the hysteric often voices desperation and provokes concern in others but rarely is in actual danger. Historically, in the hysteroid, academic and vocational patterns usually reflect the same erratic quality of attainment, alternating with periods of serious dysfunction.

In object relationships, the hysteric has difficulty within the relationship, the hysteroid with the relationship. Friendships are maintained over long periods by the hysteric. These are characterized by much affectionate display, much ingratiation, and many emotional storms. The hysteroid starts friendships with great hopes and enthusiasm. The friendship commences with idolatry and ends in bitterness when the expectation of rescue, nurture and care is not fulfilled. These relational ruptures are often succeeded by detachment, isolation, depression, and paranoidlike trends. The hysteric uses emotional relationships to copulate symbolically, to hold her partner as guardian over her own erotism, to contain her own physical impulses. Since emotional engagement for the hysteroid embodies the impulse to engulf and incorporate the object, this in turn is viewed as a reciprocal threat of self-depletion. The defensive movement of detachment becomes a psychic imperative.

The hysteroid's family life is often much more disturbed,

disorganized, and inconsistent. In contrast to the hysteric, the core of the hysteroid's problem lies with the mother or maternal object. There may be actual affect deprivation with such traumata as the mother's early death, or her prolonged physical or emotional illness. The mother may have been unable to provide sufficient affective care as a result of absence, passivity, depression, or disinterest. This includes the group who have had an egocentric, disinterested, hysteroid mother.

During childhood these hysteroid patients show emotional maladaptations and symptom-formation. Infantile fixations, such as prolonged thumbsucking, enuresis, and infantile fetishism are common. Most striking is the tendency of these patients to have created a fantasy world and to have lived within it. The tendency often starts early with imaginary companions and later expands into complex portrayals of roles within the imaginary world. Of importance is the substitution of the fantasy for relationships and coöperative pleasures with contemporaries.

In preadolescence the hysteric becomes a member of the 'club' and the 'gang'. The hysteroids increase their tendency to isolate and withdraw, viewing themselves as loners, different, superior, aloof, etc.

Unfortunately, despite careful clinical evaluation, differentiation may not be possible without clinical trial. The difficulty in diagnostic assessment is hardly surprising when one considers that there is no sharp differentiating line but rather a continuum, and that within this continuum the hysteroid often shows the hysterical mechanism more clearly and dramatically.

Grosser fluctuations of the hysteroid personality are to be anticipated from the more infantile fixation and the consequent weaker integration and synthesis of the ego. Thus we encounter less emotional control, a lessened ability to hold and tolerate tension, and more proneness to action and depression. Generally these patients are prone to substitute analysis for life or conversely to avoid analysis through overintense involvement in life. For example, a cablegram notifies the therapist that the patient has managed to get an overseas assignment.

Such behavior can be expected whenever there is a danger that the therapist may confront the patient with her unconscious conflicts. If an overseas assignment cannot be managed, this patient is likely to arrive late, hung over, separated from the therapist by dark glasses, a headache, and 'defensive' guilt. Another patient managed to lose, give away, or squander her salary whenever she was tempted to enter the adult feminine world. Thus for her to plan the purchase of a new dress would herald a sudden, mysterious financial crisis.

The hysteroid moves widely, quickly, and grandly, threatening both life-functioning and therapeutic relationships. The hysteric reacts more subtly and symbolically. The hysteric will often regress. The content of such regression may show oral and other pregenital trends and is used to defend against the developing sexual feelings and the erotic transference. Conversely, the hysteroid, to defend against feared passivity and primitive orality, tends to go into action and reaction, which activity may include the use of erotic (more exactly pseudo-erotic) transference and sexual acting out.

Two female school teachers were both severely sexually inhibited. Neither engaged in heterosexual nor masturbatory activity. One patient sought therapy because of nonconsummation of her marriage. She insisted the difficulty was her husband's. From her associations it became clear that she would shy away from her husband's approach. With growing awareness of the extent of her own inhibitions she began to disparage the eight-year-old girls in her class for their overconcern with and enjoyment of their bodies. She also associated with anger to a period in her own childhood when her mother stimulated her interest in femininity. Her mother's interest, she felt, reenforced her own sense of unattractiveness and her need to reject her own body. She began to re-explore her body, thus evoking past memories of pleasure from body stimulation. A period of body experimentation ensued, and an attempt at gratification through thumbsucking was made and rejected, while

breast stimulation proved more exciting and acceptable. This gradually led to a reversal of her negative body image and to vaginal masturbation. With the overcoming of her inhibition of masturbation her femininity and sexuality expanded, allowing greater exhibitionism, flirtatiousness, and eventually heterosexual relations, with orgasm. In this way, through identification and competition with her eight-year-old pupils, and on account of her fear of sexuality and genital stimulation she had recourse to an oral mode, thumbsucking, and then breast play, a transitional oral-genital mode. It was necessary for this young woman to recapitulate body-pleasure development in order to remove sexual repression and restore her feminine self-image.

The second patient, a hysteroid, lent a quixotic, volatile quality to all her experiences. She avoided heterosexual contact through a diverse series of maneuvers. She lived in the smallest, cheapest room of a woman's residence and dressed shabbily and carelessly. Whenever her friends attempted to introduce her to men she would forget the appointment, become angry at some fancied slight, develop headaches, or become intoxicated on the first drink. As the meaning of these ego maneuvers become clearer, the turbulence and overemotionalism increased. To cope with the resultant crises, the patient moved into activity rather than into analysis. She looked for improved living quarters and set about acquiring a new wardrobe. She insisted that this was the necessary prerequisite to her entrance into the sexual arena. Subsequently, after repeated backing and filling, she precipitously entered into an affair with a young man. She supposed him unattainable. However, he committed the indiscretion of falling in love with her. She reacted with rage and panic, and fearing that he would trap her through impregnation, she fled. In this patient action replaced insight. Sexual activity was used defensively to avoid becoming related either to the therapist or to the lover. Thus, she was able to use sexuality to defend against pregenital needs, and, interestingly, she relinquished much of her florid, irresponsible, infantile behavior in order to avoid the more dreaded dependent therapeutic relationship.

For both the hysteric and the hysteroid, dreams are the 'royal road to the unconscious'. Along this road the differences in the level of fixation, self-image, and the defense systems become manifest. Both are frequent dreamers and recall their dreams with ease. The symbolic content in the hysteric tends to be simpler, more easily deciphered, more universal, and less individualistic. The hysteric's dreams reflect a greater ego integration, basic trust and hope in object relations, more frankness in the underlying wish-fulfilment, less primitive, archaic imagery, both human and nonhuman. The dreams of the hysteroid are filled with vast empty spaces, scenes of desolation, destruction, and impoverishments. Surrealistic imagery abounds. These differences can be illustrated by the juxtaposition of the dreams of two patients, both from an early period of analysis and both involving transference and sexuality.

> I was the favorite wife of the Shah of Iran. An older wife was trying to shoot me. There were shots and someone was killed.

> I found myself living in a decrepit slum. Everything was broken, dirty, and messy. Suddenly some Bowery bums seemed to be clutching and trying to grab me.

The grandiose, dramatic, glamorous, successful (favorite wife) quality of the hysteric seems clear. The transference had aroused the œdipal conflict. This dream, through its lack of resolution, demonstrates the typical hysterical indefiniteness as to the outcome. The second dream is also in response to the transference. The hysteroid reacts to the arousal of transference by using more primitive defenses. The disgusting, impoverished environs mirror her self-image. The wish and the hope are deeply hidden as she visualizes her desire for a relationship in terms of an overwhelming threat.

The following two dreams will indicate a further example of the parallel but dissimilar modes by which these same two patients revealed their attitudes toward their self-images as sexual objects.

A bull was chasing me. I noticed that I was wearing a red dress. I kept thinking it's not my red dress, it's my movements that are enraging him.

Harry (a current beau) was starting to make love to me when suddenly he vomited all over me. I said, 'that's all right, I'm menstruating anyway'.

The first dream demonstrates the impulse for self-exhibition and the feeling of her own magnetism. The dream contains the hysteric's concern with rape. Within the dream she deals with the defense against her own active provocation. The symbols and their use are common and clear. In the latter dream, once more the hysteroid patient demonstrates her need to depict herself as a rejected, disgusting, and depreciated object. She relates self-loathing to her menses, a symbol of her despised femaleness, rather than to her sense of hopelessness in regard to attainment of a relationship. Similarly, her lover is depicted as displacing and reversing his sexual impulses into oral disgust and defilement of the object, herself.

SUMMARY

We have attempted to define clinically the hysterical character, to present the major developmental trends, and to describe the basic dynamic conflicts and defenses. To delineate this entity further we have juxtaposed descriptions and examples from a larger clinical group which we have designated as hysteroid.

Clinical practice and psychiatric literature have increasingly challenged and modified the earlier psychoanalytic formulation of hysteria. Increasing stress has been placed upon oral fixations and their resultant dependency strivings *(3, 9, 11)*, with the implicit discounting of œdipal conflict as 'the core of the neurosis'. We feel that one can err as much in the direction of emphasizing early fixation as to assume that all hysteria is œdipal in origin. It is preferable to divide these patients into two separate diagnostic classifications for the purpose of im-

proving therapeutic selectivity and validity. We have reserved the term 'hysterical personality' for the more mature and better integrated and have termed the large group that extends from the pregenital to the psychotic as 'hysteroid'.

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FREUD ON COCAINE

BY ALEXANDER SCHUSDEK, M.D. (NEW YORK)

The Cocaine Episode is one of the most curious chapters of Ernest Jones' biography of Freud *(13)*. It may be summarized as follows.

At the age of twenty-eight Freud was casting about for some discovery which would establish his reputation. He came across a paper by Aschenbrandt who had used cocaine to revive exhausted soldiers. He procured a sample and began to investigate its effects. Jones' account, which is based partly on unpublished correspondence, creates the impression that these investigations were mainly original. Freud decided to use cocaine to cure his friend, von Fleischl-Marxow, of his morphine addiction. 'The occasion of it was a report he had read in the Detroit Medical Gazette of its use for this purpose.' Freud completed his first paper on cocaine on June 18, 1884, and it appeared in July of that year.

Jones gives an adequate description of the sections of this paper dealing with the history and preparations of cocaine and Freud's experiments on himself. Jones' description of the clinical part of the paper, however, is extremely brief. In the last paragraph of this paper, Freud expressed the hope that ways would be found to use the ability of cocaine to anesthetize tissues. He suggested to an ophthalmologist, Königstein, that he investigate its action in diseases of the eye. Freud then left for his vacation only to discover after his return that another man, Koller, had found that cocaine was a useful agent for producing anesthesia in eye surgery *(1)*. Jones' discussion of this is somewhat equivocal. He states that Freud was more interested in treating diseases than in discovering an anesthetic for surgical purposes, but he also quotes an incident which Sachs described sixty years later. According to Sachs, Freud demonstrated before a group of physicians including Koller that pain is abolished by the topical application of cocaine.

Freud continued his investigation of cocaine and his second paper dealt with its effect on muscular contraction. His third paper was based on a lecture he delivered on March 5, 1885; it described the value of cocaine as a stimulant in psychiatry and in the treatment of morphine addiction. Freud stated that he would not hesitate to administer it in subcutaneous injections. He did not refer to this paper subsequently, and omitted it from a list of his writing which he prepared in 1897.

In April 1885, Freud became aware that von Fleischl-Marxow had been taking one gram of cocaine daily for three months, and in June he had a toxic psychosis. Cases of cocaine addiction were beginning to appear all over Europe. These were described by Erlenmeyer, and Freud was severely blamed for having released a scourge on mankind.

In his last paper on cocaine in 1887, Freud defended himself against these charges. According to Jones he used two lines of defense. The first was to point out that all cases of cocaine addiction had taken place among morphine addicts. The second line of defense, which Jones states was unconsciously determined, consisted of wrongly connecting Fleischl's addiction with the fact that he used injections (instead of taking cocaine orally). Thus Freud tried to avert the stigma of cocaine being a dangerous drug by appealing to the prejudice which then existed against the hypodermic syringe because of its symbolic meaning.

A paper on the same topic based on notes left by Siegfried Bernfeld appeared posthumously in the same year as Jones' work *(4)*. It does not contain any reference to Freud's unpublished correspondence and is more conservative in its conclusions. All quotations from Freud's papers in Jones' chapter may be found in Bernfeld's paper, in which the quotations are more complete. The similarity of the discussion is often striking. Indeed, it is probable that Jones did not read Freud's papers and that the cocaine episode must be re-evaluated in the light of these.

Freud's first paper on cocaine *(9)* contains, besides the sec-

tions summarized by Jones, a long section on therapeutic applications. Seven types of application are discussed: a, as a stimulant in psychiatry; b, for gastric disturbances; c, for cachexia; d, for withdrawal from morphine and alcohol; e, for asthma; f, as an aphrodisiac; g, topical applications. Each paragraph summarizes the scientific literature on the subject. We shall deal only with the paragraphs most relevant to the cocaine episode.

The last paragraph states: 'The capacity of cocaine and its salts to anesthetize the skin and mucous membranes when applied in concentrated solutions suggests further uses especially in diseases of the mucous membranes. According to Collin, Charles Fauvel praises cocaine in the treatment of illnesses of the pharynx and calls it: *"Le tenseur par excellence des chordes vocales"*. There may be other uses which depend on the anesthetizing property of cocaine.'

The reference is to an article by Collin *(5)* which states in part: 'In a remarkable work which he published several months ago Dr. Fauvel praises coca in illnesses of the larynx and cites several observations on cases of granulomatous pharyngitis which, resisting all manner of treatment, were completely cured by the simultaneous use of a coca paste and Mariani's coca-wine'. (I have not been able to identify this work by Fauvel.)

The section on withdrawal from morphine and alcohol is the longest and most carefully documented part of Freud's first paper. It is based on American publications on the subject. Freud discussed articles by Palmer and Bentley. He noted that there was a constant stream of articles on this topic in the Detroit Therapeutic Gazette for two years. Then they became less frequent. Freud was not certain whether this was because of establishment of the treatment or its abandonment, but thought that from advertisements the former could be supposed. Freud noted sixteen reports of successful morphine withdrawals and only one report of a failure. Freud placed special emphasis on those reports that noted that the patients gave up the use of the remedy without a recurrence of the craving for morphine. He

cited three such reports. He then described one case which he treated and added: 'After ten days he was able to give up the remedy'.

In his second paper *(10)*, Freud clearly credits Koller with having discovered topical anesthesia independently ('. . . *Herr Dr. Karl Koller* [*hat*] *unabhängig von meiner persönlichen Anregung den glücklichen Gedanken gefasst . . .*'). It is unlikely that Freud would have written this had he demonstrated this use of cocaine to Koller before a group of physicians.

Opiate addiction was probably more common in the United States during the second half of the nineteenth century than it was in Europe. Many injured soldiers had become addicted to opium during the Civil War. Imported Chinese laborers had brought their opium pipes with them. Opiates were prescribed freely by some physicians and many patent medicines contained opiates.

In 1880, the Detroit Therapeutic Gazette published an abstract of an article in the Louisville Medical News in which E. R. Palmer described the successful withdrawal of two opium addicts by the use of fluid extract of coca *(16)*. This was followed by numerous favorable reports *(6)*. The authors of these were mostly rural practitioners. They would give a quantity of some coca preparation to the patient with instructions on its use. Follow-up was often absent or unsatisfactory. The most extensive trials were carried out by Bentley *(2, 3)*. He had been using various coca preparations in treatment of several conditions including opiate addiction since 1870. He was quite aware of the hazard of addiction: 'In the countries producing it, the natives eat it and become as much its slave as De Quincey ever was to opium or Beau Brummel ever was to wine'. He always warned his patients about this and claimed: 'I have made no "coqueros" in my practice'.

Nothing needs to be added to Jones' description of Freud's second and third papers on cocaine *(10, 11)*.

Freud's last paper can be understood only in the light of the criticism which preceded it. Erlenmeyer set out to test whether cocaine acted as a direct antagonist of morphine as Freud had claimed. He administered two hundred thirty-six injections of cocaine to eight morphine addicts and four injections to other patients and made physiological measurements. He concluded that cocaine diminished some of the subjective discomfort of withdrawal but had no other value *(7)*. Subsequently he reported on a series of eleven patients all of whom had become addicted to cocaine in the course of morphine withdrawal, and described their plight in dramatic terms *(8)*. He distinguished between the toxic effects of cocaine (such as 'paralysis of blood vessels', rise in pulse-rate, sweating, fainting, mental changes) and the withdrawal symptoms.

Freud's fourth paper on cocaine *(12)* was an attempt to answer this criticism. In discussing the toxic effects, Freud claimed that Erlenmeyer had committed a crude error in administering minimal doses subcutaneously instead of following Freud's recommendation of giving larger doses by mouth. He attributed the variable toxic effects to differences in concentration of cocaine and variations in the sensitivity of nerves and vascular centers.

In discussing cocaine addiction, Freud pointed out that all the cases reported had been morphine addicts who would misuse any stimulant made available to them. He mentioned that his only case had taken up to one gram daily subcutaneously, but he did not relate the addiction to the route by which cocaine was administered.

Freud's publications reveal his behavior to have been more conservative than would appear from Jones' description. He used a pure alkaloid while some of the previous work had been done with crude extracts. But he made no discoveries and found no new uses for cocaine. He merely called to the attention of his colleagues what had been done abroad. He wrote at the time '. . . my work retains its reputation of having successfully recommended it [cocaine] to the Viennese' *(14)*. By the same

token when he recommended cocaine in the treatment of morphine addiction he had reason to believe that it was a safe agent for this purpose; he was at fault only in not reporting the dangers promptly when he became aware of them. Finally, he made no attempt to blame addiction to cocaine on the hypodermic syringe.

The episode must have contributed to Freud's difficulties in establishing his practice and to the scepticism with which his psychiatric theories were met.

Freud visited the United States in 1909 to deliver a course of lectures at Clark University where an honorary degree was conferred upon him. This was in sharp contrast to the way he was ignored in Europe. Nevertheless, he held America and American physicians in low esteem *(15)*. The recollection that American publications had led him to one of the most painful episodes of his career may have contributed to this attitude.

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SLIPS OF THE TONGUE

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Freud's topographical formulation of the psychodynamics of slips of the tongue *(3, 8, 9, 10)* served as the basic model of subsequent writers *(1, 4, 11, 13, 14, 15, 16, 17, 18)*. An exception was Eidelberg's contribution *(5, 6, 7)* which stressed the need for analyzing the associative chains of the consciously intended word as well as those of the substituted word that unintentionally breaks through. He cited clinical material which indicated that the apparently innocent intention was repressed because of its association with unconscious infantile fantasies which were even more deeply forbidden than fantasies associated with the substituted word. Whatever the approach, all previous authors have considered the associative chains of the intended word and of the substituted word to be in some kind of opposition to one another.

Freud solved the riddle of parapraxes while working on his dream book *(12)*. At the time he was particularly interested in establishing a continuum between dreams, symptoms, screen memories, and parapraxes which would demonstrate the extensive influence of the primary process. In some slips of the tongue he described displacement, replacement by the opposite, condensation, and wordplay, which he compared to typical dream-work processes.

With the help of two clinical examples, I should like to demonstrate the following: In some slips of the tongue the associative chains of the intended word and of the substituted word form a complementary unit derived from a single unconscious fantasy. Under the influence of ego regression and the primary

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Presented before the American Psychoanalytic Association, Brief Communication Section, December 1963.

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process, the ego brings the two words into apposition, where they jointly serve to express the unconscious fantasy in a condensed, symbolic form. Further, the two words are similar to a dream pair or to two elements in the manifest content of a single dream *(2)*. By fusing a dream pair or the two elements of a single dream the analyst often arrives at a formulation of the whole unconscious fantasy which had been split by the ego.

CASE I

The analysis of a patient who had been a transvestite for a short period in his life revealed a masturbatory fantasy of central importance in his symptomatology, acting out, and adaptation. In his adolescent masturbating he would often manipulate his penis so harshly that he would bruise it. Afterward he would speak to his penis lovingly as if it were a separate person, apologizing to it and promising that he would never repeat the offense. Unconsciously he equated himself with his penis. Then, in identification with the imago of his mother based on projection of his ambivalence, he would act out a sadomasochistic relationship with his penis. The basic fantasy was: 'I am my mother's penis and forever attached to her'.

The patient occasionally made a slip of the tongue which always had the same form. His ex-wife's name would suddenly intrude itself into consciousness and replace his mistress' name in his thought or speech. For instance, he would say, 'Last night I was with Kay [ex-wife]—I meant to say, Joan [mistress]'. The parapraxis would have the same form when it occurred on a purely mental level without verbalization. When asked for associations he compliantly worked with the slip, but after a while gave up the attempt as fruitless. Powerful resistances were at play. Although its frequent recurrence clearly indicated that the slip had special import, no further attempt was made to analyze it directly at the time.

Late in the second year of analysis, the fantasy of his being the analyst's penis emerged. Fantasies of being chastized and then mollified by the analyst were gradually replaced by

fantasies of being beaten about the head and then lovingly fondled. The identifications would often be reversed: in fantasy he would be the mother and beat and fondle the analyst who stood for the mother's penis. Meanwhile, the slip recurred with increasing frequency, finally appearing in juxtaposition to the fantasy.

Previous attempts to analyze and understand the slip using the conceptualization of two conflicting associative chains had been unsuccessful. However, when the two words were considered as a unit, it became evident that the names jointly represented the unconscious fantasy. Although the patient had no conscious control over the occurrence of the slip, it could not be viewed as an id 'break-through'. Rather, the ego had unconsciously and artfully arranged for simultaneous conscious representation of the two names in juxtaposition. Indeed, the patient complained that his mind could not separate the two names. The basic fantasy, 'I am my mother's penis and forever attached to her', was represented in the condensation 'Kay–Joan'. His ex-wife, Kay, was equated with his mother; and his mistress, Joan, with himself as a penis. Whenever signs of the basic fantasy began to emerge in the transference, the patient would defend himself by talking of his relationship to his mistress. As the transference fantasy pressed forward, he would defensively make the slip. Anxiety would appear, and then the direct transference material. Interpretation and the working through of the fantasy in the transference led to a diminishing use of the slip. When he was able to give up the fantasy of being fused with his mother he was no longer unconsciously driven to fuse the two names in consciousness.

Later the patient used the same technique to gratify, and defend himself against, the transference wish to be anally penetrated. As the wish was activated, he would defensively talk of his desire to penetrate his mistress anally. This would be followed by a slip consisting of his boss' name replacing that of his mistress. Here too, he would complain of being unable to separate the names. The patient was identified with his mis-

tress, and the analyst with his boss. In thinking of his boss' name in juxtaposition to his mistress' name, he symbolically represented the fantasy of his being in juxtaposition to the analyst and of being anally penetrated.

The basic mechanism described above manifested itself again still later in the analysis. During one session the patient suddenly imagined himself to be a woman spreading her legs apart to allow the analyst to enter her vagina forcibly. Anxiety caused immediate repression of the fantasy. In his next statement he again made his typical slip using names identified with himself and the analyst. He complained, 'I can't stop bringing those names together. They just seem to keep bumping and clanking together.' The defensive, symbolic use of the slip immediately broke down and violent rape fantasies emerged into consciousness.

CASE II

A neurotic female patient had an escalator phobia, which was genetically related to two screen memories from her third year. One memory was of her going up the stairs with her father at home, and then being attended by him in the bathroom while she urinated. Such bathroom episodes involved mutual covert seduction which created intense sexual excitement in the patient. The other memory was of sitting on the staircase and seeing her father, completely nude, emerging from the bathroom at the head of the staircase. The sight of his penis proved to be shocking. It was associated with flooding sexual excitement and a wish to attack orally and devour his penis.

When these oral drives and conflicts forcefully emerged in the transference, the patient reported a slip of the tongue. 'I was about to leave for work and decided to take the umbrella. I called to my roommate to let her know. I wanted to say, "I'm taking the umbrella"; but instead I said, "I'm taking the elevator". It was very strange as there is absolutely no connection between the words. Why an elevator? I rarely use the one in our building as our apartment is on the second floor.

It's been haunting me all day.' She found to her surprise that associating to the word umbrella proved difficult. She could hardly say the word. Fantasies of performing fellatio and orally incorporating a penis emerged.

Associating to the word elevator produced vague sexual thoughts revolving around 'up and down', but she could not proceed effectively. As repression lifted, she recalled that escalator, not elevator, was the actual word spoken. She then became resistant. Turning her attention to the word umbrella, she associated to penises. This caused profuse salivation and mounting vaginal excitement. Upon returning to the word escalator, she realized that its use was related to her escalator phobia. The memory of seeing her father nude re-emerged, but on this occasion she visualized his penis erect. Sexual excitement increased, and for the first time she realized that her phobic symptom involved projection of the fear of her sexual excitement to the motion of the escalator. Being carried upward by an escalator fulfilled her wish to dash up the stairs to her father. Being passively carried up permitted her to deny responsibility for her active wish.

Although sexually aroused she still managed to avoid relating any of her powerful affective experience to the stimulation of being with the analyst. Her oral incorporative fantasies related to the word umbrella were still dissociated from the memories of observing her father's penis and the attendant excitement. The memories, fantasies, and affect associated with each word of the slip, viewing each individual associative chain in isolation, did not fully reveal the underlying fantasy. Attempts to understand these associative chains in opposition to one another also failed.

Finally her isolating defenses broke down and the two trends joined, much like the bringing together of the two parts of a torn photograph. When the material was worked through in the transference, the situation became clear: the two words escalator-umbrella and their respective associative chains could be understood, as a complementary unit, in the following para-

phase, 'Seeing father naked at the top of the stairs excited me and made me want to run up to him and devour his penis'. Thus, in the slip of the tongue the patient was able to give disguised expression to a complete fantasy such as a dreamer would through the use of two dream elements or a dream pair.

SUMMARY

Although all slips of the tongue result from intrapsychic conflict, in some the intended word and the substituted word are not in opposition but form a complementary unit. Under the influence of ego regression and the primary process, the ego unconsciously utilizes each word of the slip to represent, in a condensed and symbolic form, part of a complete unconscious fantasy as in the case of certain dream pairs. Two clinical examples are described.

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THE ALCOHOLIC BOUT AS AN ACTING OUT

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In this paper the alcoholic bout is viewed as an acting out and several themes are considered. The first part of the paper focuses on the drinking bout as a repetitive re-enactment of the nursing experience, a hypothesis substantiated by data about the infancy and early childhood of the patients as recalled by their mothers. The last part of the paper considers the drinking bout as analogous to the traumatic dream and to sleepwalking, and thus the themes of motility and return to mother are integrated with the concept of acting out.

METHOD

The data are selections from the case histories of patients studied in an alcoholic research project which has been in progress for the past ten years *(vide infra)*. Basic information on each patient consists of a physical and a psychiatric evaluation and a social history. Social histories were also obtained from the spouse of each patient and, in some cases, from the patient's mother. Over seven hundred patients have been evaluated in the study, approximately twenty per cent of them women. Over one hundred patient-spouse couples have been seen in concurrent individual long-term treatment by a psychiatrist and a psychiatric social worker. In half of the cases, the alcoholic

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Support for the study was given by the Commonwealth of Pennsylvania, the Health Research and Services Foundation, Pittsburgh, and the National Institutes of Psychotherapy.

The author is indebted to Helen M. Davies, M.S.S. and Martin D. Adler, Ph.D. for their help in this study, and to James T. McLaughlin, M.D. for supervision of the treatment of some cases.

patient was assigned to the psychiatrist for treatment and the spouse to the social worker. In the other half this assignment was reversed. The long-term patients are the primary source of the dynamic configurations described.

ACTING OUT

The term *acting out*, as used here, denotes the stereotyped re-enactment of a past conflict. In this sense Fenichel *(4*, p. 506*)* observed that in certain patients '. . . actions in real life are repetitions of childhood situations, or attempts to end infantile conflicts, rather than rational undertakings'. Freud *(8* p. 150*)* emphasized the compulsion to repeat this type of action and its relation to memory: '. . . the patient does not *remember* anything of what he has forgotten and expressed but *acts* it out. He reproduces it not as a memory but as an action.'

Some distinguishing characteristics of acting out, according to Fenichel *(5)*, are: ego syntonicity, a pleasurable component, a repetitive tendency, and the use of displacement as the chief mechanism. He cited as preconditions for all acting out: alloplastic readiness, oral fixation, high narcissistic need, intolerance to tension, and early traumata. To these preconditions, Greenacre *(11)* added: a special emphasis on motility, visual sensitization, and dramatization (derivatives of scopophilia and exhibitionism), and an unconscious belief in the magic of action. These characteristics will be referred to again as they apply to the behavior of particular patients.

ALCOHOLIC DRINKING AND ACTING OUT

Alcohol, by reducing superego controls, can facilitate a great deal of action and motility. The alcoholic male, when drinking, gives direct expression to sexual, hostile, and destructive urges. To the extent that this activity connotes for him independence or masculinity, it is an acting out of such strivings. The stuporous stage of his drunkenness, and the aftermath of his drinking when he needs to be hospitalized or taken care of, are similarly an acting out of passive and dependent urges though

this is partly obscured by the toxic effects of alcohol. Thus, an intrapsychic conflict centering about independence-dependence or masculinity-femininity becomes staged and dramatized in the patient's real world.

Alcoholic patients tend to act out even when not drinking. Then another object or person usually replaces the alcohol or becomes its symbolic substitute. Thus, there were several alcoholic men in our study, each of whom was able to remain sober for many years while he had a mistress. With the mistress, as with the drinking, they could be more aggressive and sexually active, independent, and away from home. They continued to live with their wives, however, in the sense that they ate and slept at home yet had little or no sexual activity with them. Rather, the wives remained primarily maternal figures but hostile and restrictive ones (Cf. *1*). Such alcoholic men, simultaneously attracted to two women with opposite characteristics, one sexual and the other maternal, were also acting out and separating their fantasy of mother in her dual image of 'good' and 'bad', maternal and sexual, madonna and prostitute.

This double image was emphasized in their descriptions of their mothers. For example, one man said: 'Mother was a Victorian prude with a cocktail glass in her hand'. Another spoke scornfully of his mother: 'The women in our family were puritanical, yet swore at each other. Sex was a taboo subject, but I remember when I was a boy seeing mother go to bed with tradesmen who came to the door.' A third man also reiterated the discrepancy between his mother's puritanical ideals and her behavior: 'Mother was strict and very active in the W.C.T.U., but she favored my older brother who drank heavily. I also remember sleeping in my parents' bedroom until I was ten years old and listening to them have intercourse.'

Finally it might be said that the drinking itself is an acting out. Alcoholic drinking, as a symptom, fulfils Fenichel's criteria for acting out, for it is ego syntonic, has a pleasurable component, and is repetitive. It is also a displacement in the sense that past unconscious conflicts about the breast, food, mother, etc.

are transferred to a current object—the bottle and its alcoholic contents.

DRINKING AS A REPETITION OF THE NURSING SITUATION

Drinking embodied for these patients a re-enactment of a complex of oral, aggressive, and sexual conflicts. At one level it can be viewed as an attempt to repeat the nursing experience, for which there are several lines of evidence: 1, the observable similarities between the drinking bout and nursing; 2, the timing of drinking exacerbations in individual patients; and 3, the recurrence of specific elements from the nursing period in the drinking bouts of individual patients.

To examine these in order, first, every alcoholic person drinks a fluid, not infrequently directly from a bottle, which produces a warm pleasurable feeling. The desired end-point is a euphoria, which if attained is usually followed by a stuporous sleep—a nirvana. This drinking sequence directly parallels the experience of the infant at the breast or bottle where oral satisfaction induces sleep. Both Rado *(19)* and Lewin *(15,* p. 94*)* have commented on these phenomena and have compared the effects of intoxicants (artificial elatants) to mania. The actual end of the drinking experience, however, is not the euphoria but an awakening from sleep in a sober state with depression and physical discomfort. This harsh and painful reality brings about a renewed craving for drink which, if denied, produces withdrawal symptoms. Thus the drinking bout includes by analogy a re-enactment not only of the feeding aspects of the nursing situation but of the weaning as well. The convulsions which sometimes accompany abrupt alcoholic withdrawal may be a symptomatic parallel of the rage response to abrupt weaning.

The timing of the drinking exacerbations of individual alcoholic patients also pointed to their relationship to the nursing experience. Hence, it was extremely common for the alcoholic men in our study to increase their drinking during the latter part of their wives' pregnancies and throughout the

first year of the baby's life. They were usually drunk when the baby was born and literally took to the bottle at the same time as the baby. One man willingly got up in the middle of the night to give his baby the bottle, for he could then drink from his own bottle unobserved by his wife.

In women patients too, alcoholism often began shortly after childbirth. Feeding and caring for their babies was stressful for them. There was much surreptitious nipping from the bottle during the early months of the baby's life—so much that the care of the baby had to be taken over by someone else.

Dinnertime in these alcoholic families was often a period of great turmoil. The husband, if drunk, might turn over the table, throw the food around, or refuse to share it with the children. When the wife was drunk, it was a moot question whether she would be able to prepare the meals. Or, as with several of our patients, if she did succeed in preparing a dinner for relatives or guests, she usually drank heavily the next day, as if she could not 'give' food to others without 'giving' herself 'nourishment' in the form of alcohol immediately afterwards.

In alcoholic men and women alike, conflicts about feeding and weaning were revived and acted out in two special situations —when a baby was born and at meal times. An experience which tends to be repetitively revived and re-enacted in this way is usually a traumatic one which was never fully assimilated and which leaves a residue of unresolved conflict. Freud *(9)* believed that there was an instinctual compulsion to repeat such experiences. Bibring *(2)* noted that the ego might make use of this repetition-compulsion through acting out, either in resistance or in an attempt to work through or master the conflict.

If we regard the alcoholic's drinking as based on the repetition-compulsion, it would be helpful to know something about the original experience which is being repeated and to note which of the themes derived from it are being emphasized. Although exact knowledge of this type is hard to obtain, some of our data allow inferences to be drawn. From our interviews with the mothers of a representative group of alcoholic patients,

we have information about the infancy and childhood of these patients. Twenty mothers were available for interview among approximately seventy patients admitted to the study in one year. In four cases the father was seen also. The material pertaining to feeding and weaning is summarized below. Its general implications will be discussed first, then examples will be given of the way in which particular patients repeated specific elements of nursing experiences in their drinking bouts.

Usually, feeding was unpleasant for mother and child, attended by many difficulties. Several mothers made brief unsuccessful attempts to breast-feed the baby, then switched to a bottle. In most instances they used the bottle alone. They seemed peculiarly unable to judge their babies' needs for nourishment or to understand the infants' attempts to communicate. It was evident that they were hostile and ambivalent toward the children. The following three statements given by mothers are typical: 'The baby was crying for hours. Then my sister-in-law decided he must be hungry, so we gave him some milk and he became quiet.' 'She cried day and night for a month. Then the nurse and I discovered the formula needed strengthening.' 'We were so afraid he would not get enough milk to drink, so I set the alarm to give him a night bottle until he was three years old.'

Often the bottle or breast was used as a general pacifier. One mother said: 'Giving him the breast was a sure way of keeping him quiet', while another stated: 'I slept with him so he could eat whenever he wanted'. A third mother, evincing the same attitude, said: 'My mother-in-law and I were kept busy getting the bottle ready on time to put into his mouth the minute he stirred from his sleep'.

Such overindulgence in feeding was often followed by abrupt weaning. Thus, the mother who slept with her baby weaned him abruptly at one year, at the suggestion of her own mother. When he cried at night after that, she would soak graham crackers in milk and stuff them in his mouth. In only a few instances was the weaning process gradual or based upon

indications from the infant that he was ready for it. Various subterfuges were employed to get rid of the bottle, usually at the instigation of persons other than the mother. For one patient the mother-in-law decided the matter, saying 'He don't need no bottle', then hiding it. Another patient's father did the weaning by telling the child that something had happened to the bottle and letting him sleep with him that night. It was evident from comments of the mothers that such weaning created distress for the child. One mother said: 'For a long time he would wake up at night and cry. But I just sweat it out and tried to coax him to take milk for a week.' Another mother described her baby's reaction to weaning: 'He was very angry and cried day and night for three days'. In several instances, weaning was undertaken when the mother was pregnant with the next child. One alleged that because of her pregnancy her milk was poisonous and caused the baby to have colic.

Nutritional, gastrointestinal, and other disturbances had their onset in this period for several of the patients. One mother reported: 'When he was six months old we added egg to the formula, and then he had his first asthma attack'. Another said: 'When he was a year old I suddenly noticed that he looked sick. The doctor said it was rickets.' And a third mother stated: 'Just after she was weaned she started to have projectile vomiting'. The use of 'we' in some of the above quotations, and the references to mother-in-law, nurse, or other persons is typical for these mothers and indicative of their strong need to rely on other women for help in raising their children.

Specific elements of the nursing period reappeared with minimal modification in the drinking pattern of individual patients. For example, the projectile vomiting mentioned above, which a woman patient first developed when she was weaned, recurred throughout her early childhood whenever her mother went away. Each time it served to bring the mother back to her. Later severe episodes followed a tonsillectomy and an appendectomy. After the birth of her second child (at a time when she had moved from her mother's neighborhood), the vomiting

occurred again in association with a severe phobic reaction. Both vomiting and phobic anxiety were relieved by drinking. This marked the beginning of the patient's alcoholism and subsequent alcoholic bouts were preceded by phobic symptoms, vomiting, or both. This sequence illustrates how nursing, mother, and alcohol became equated. The patient also recalled that in her childhood her mother would give her grape juice to relieve the vomiting.

The vomiting had many determinants. Pylorospasm was the most probable organic factor; the patient also partially identified herself with a father who was both alcoholic and subject to vomiting. The patient's statement that pregnancy disturbed her because she felt that it was a poisoning indicates the probability that oral impregnation fantasies were present. At a more literal level, the vomiting was an expulsion and a messy defiance of her mother's high standards of cleanliness. This messiness was also related to the nursing period, for in this patient (and in most of the others), nursing and toilet training were concurrent. At times feeding and bowel evacuation were simultaneous, the patient being given the bottle while she was held on a potty on her mother's lap.

Oral and anal themes were similarly intertwined in the drinking bouts of nearly all of our patients, both men and women. This reflected their original linkage during the nursing period. Toilet training was begun very early, sometimes at the age of six weeks. The mothers showed little inconsistency or ambivalence in this area in contrast to their confused attitudes about feeding. All of them placed great stress on cleanliness and orderliness. Other writers *(12)* have also reported this theme in the histories of alcoholic patients.

Toilet training, however, tended to break down during times of stress. One patient recalled such intense anger on seeing his newly arrived baby sister being nursed that he 'shit on the couch'. Other patients reported loss of control of both bowel and bladder while drinking. One mother, speaking of her grown son, emphasized his neatness and cleanliness when sober,

but she said, 'when drunk, he soils his pants and has to be cleaned up like a baby'.

THE DRINKING BOUT AS TRAUMATIC 'DREAM'

The evidence up to this point suggests that these patients had a psychic fixation to the nursing period and that they tended repetitively to work through the trauma of that period in their drinking. Their drinking thus was analogous to the traumatic neurosis or dream. Many, in fact, spoke of their drinking spells as being dreamlike states. In a drinking bout, as in a dream, there was noted a day residue or precipitating event (e.g., the feeding of a baby) which reactivated a conflict situation from the patient's past—his own nursing. Themes from this past conflict were then elaborated during the intoxication by way of the usual dream mechanisms of condensation, distortion, displacement, etc. The intoxication, in further similarity to a dream, had both a manifest and a latent content (Cf. *16, 17*).

A DREAM-INTOXICATION

One patient who was in long-term treatment gave the following description of the events which precipitated a particular dream-intoxication. A few hours before starting to drink he had visited his wife, who was divorcing him, and their baby daughter for whom he had brought a gift. This was one week before Christmas. After the visit he started back to his mother's home where he was then living. On the way he felt lonely and began to recall childhood Christmases when his father, now dead, would invariably go on a wild drunken spree and shoot off guns in the house, and when his mother would threaten to leave or kill herself. Next he thought of his job and rebelled at the idea of going to work the next day. He hated the restrictions and routine of a job. He became more depressed and, rather than go home, he decided to go to a bar for a drink and to try to pick up a girl. On the way to the bar he remembered that most of his relationships with women were unsatisfactory

and brief. He wondered about this as he reached the bar but forgot about it as he started to drink.

The manifest content and a portion of the latent content of the intoxication follows. The patient described his feeling at the beginning of the bout by saying, 'When I start drinking I feel like a man. I feel completely free—there is no reality, no restrictions. Everything is blotted out.' He found a girl at the bar but became too drunk to do much with her. Then for several hours he went from bar to bar, ending up in the slums. This period of wandering was to him a blur of angry messiness —'a coarse, dirty drunk'. He was also fearful that men might beat him up and that they might think him a 'queer'. Later he blacked out and when he came to found himself in his mother's home.

During his amnesic spell he had called the hospital ward and asked for the nurse but agreed to talk instead to his male social worker. (This was the repressed or 'blacked-out' portion of his 'dream'.) He quickly denied that he wanted to be readmitted, saying: 'I don't need anybody to wet-nurse me. I'm on my own—an independent man. I'm not a baby.' He added immediately, 'I'm afraid my mother might die. I don't want her to.'

ASSOCIATIONS TO THE 'DREAM'

In an interview a few days after the drinking bout the patient's thoughts kept returning to his childhood. He remembered being lonely and feeling that his mother did not love him because she was away so often. He had had a succession of nursemaids, a new one apparently each time his mother returned from the hospital with another baby. In addition, at age three, when his first sister was born, he was moved away from his parents' bedroom. Later another sister came along and he was again moved, this time to a room still farther away. He recalled that he frequently dirtied his pants—'shitting anger at my mother'. The nursemaids would clean him up.

He said that in his mind mothering and sex were always confused. His recollections turned to his first drink. 'On Satur-

day afternoons mother and father would go into their bedroom and close the door. I didn't like the door being closed because then I couldn't go to mother. I knew something was going on but I wasn't sure what. I was about five years old. One afternoon after the door had been closed awhile, they opened it. They were having a drink. They let me taste it. That was the first time I had alcohol.' (Later, Saturday became his favorite day for drinking and for going from bar to bar looking for a girl.)

In associations to the idea of his mother's dying (which he had expressed in his phone call) his thoughts again returned to the parents' bedroom: 'Once when I was little I was in the room alone with mother. She and father had had a fight. There was a bottle of gin on the dresser. She was getting ready to go out and she undressed in front of me. When I saw her naked, I felt disgust, sexual desire, and anger. I was surprised at the lower part of her body. I had thought she was a man.' He added: 'I wanted the bears to eat her up'. The 'dream' elements of men beating him up and of thinking him a 'queer' reminded him of his great fear of his father as a child, and of his early wish to be a girl, since he felt his mother favored his sisters.

INTERVIEW WITH THE MOTHER

In her interview with us, the patient's mother confirmed the information about the room changes, the nursemaids, and the patient's loss of bowel control. She thought the latter was infrequent and she did not view it as an expression of anger. She said that the patient's rigid bowel training started when he was six weeks old. As to feeding, the mother said that the patient was breast-fed for about three months because she felt that she 'ought to do this'. After this, he was bottle-fed and cared for by a practical nurse who weaned him when he was about ten months old. Asked how the patient felt about her nursing his baby sister, she replied that she was always so modest that she would not nurse her babies in front of anyone. (This was contrary to the patient's recollections.)

The mother said that the patient was subject to asthmatic

attacks and that the first one occurred with a change in his milk formula at the age of six months. She said he had 'almost died' with this attack and had developed eczema at the same time. She and the nurse devoted most of their time for the next few months to care for these conditions, moving to a seaside resort to help the patient.

As to more recent events, the mother stated that the patient did not start to drink heavily until he was twenty-one years old, just after his father's death. She tried to ignore him when he drank but her mother, who lived with them, was very kind to him at such times. (The patient thought that both women babied him when he was drunk.) She emphasized that he was messy and troublesome when drunk but neat, clean, and docile when sober. The patient often told her that he had never loved his wife as much as he loved her. She was extremely critical of his wife, especially because the wife had refused to breast-feed their child and took pills to dry up her milk.

The patient, asked for his version of the asthma attacks, recalled one episode in particular that occurred in kindergarten. The children were to have a Maypole dance which the mothers were to attend. The patient mistakenly thought he saw his mother leave and immediately had an asthma attack which made it necessary for the teacher to take him to a room alone. As a result he did not participate in the dance. These attacks became much less frequent after he started drinking, but he compared them to his drinking in an interesting way, saying, 'Coming out of the asthma attacks was like coming out of a drunk is now—being a man again, overcoming something'. (One recalls his mother's words, 'He almost died'.)

ANALYSIS OF THE 'DREAM'

In the beginning of this patient's 'dream' the manifest content is filled with euphoric feelings of freedom and independence and of being a man. There is much motion and activity. Gradually the predominant feeling changes to anger. Coarse, messy scenes follow. Later themes, opposite to the early ones,

arouse anxiety—men want to attack the patient, they think he is a 'queer'. The dream ends, after a blackout period, with the dreamer back in his mother's home. Thus, as with many nocturnal dreams, this one terminates in anxiety which wakes the patient. Furthermore, the anxiety is aroused by men, which is in line with Lewin's view *(16)* that the wakers and disturbers of sleep represent the father.

Freud, in discussing the forgetting of dreams *(7, p. 529)*, spoke of the censorship operative in dreams and deliria which deletes or 'blacks out' passages it disapproves of, passages which contain the very material that shows the core of the unconscious dream wish or the latent content of the dream. Following this line of thought it appears that the portion of the dream-intoxication for which our patient was amnesic (blacked out) would be most important in determining its unconscious meaning. Fortunately he made sure that this section would be preserved by telling it to someone (the social worker) who he knew would keep a record.

It is evident at once that the themes of this forgotten content are quite the opposite of those in the manifest content. There are many allusions to *nurse, wet-nurse, baby,* and (by denial) *being taken care of.* It is almost a plea to be nursed or an expressed desire to return to a passive nursing situation which contrasts markedly with the emphasis on masculinity and activity in the manifest content. Mother, rather than any male figure, is mentioned—but the thought is about her death, her loss. Finally during the black-out, the patient actually returned to his mother to be cared for.

The patient's associations to elements of the manifest content and to the day residues confirm this interpretation. Nearly all of them lead to mother. Before beginning to drink he had visited his wife who was leaving him and taking their baby daughter with her. For him, this situation was a direct repetition of the infantile one in which he felt displaced in mother's affection by his baby sister. (It was also near Christmas—a time when the birth of a baby is universally celebrated.) The 'shitting anger' aroused in that earlier period is represented in

the drinking bout by messiness and sloppiness, and also expressed, in its oral connotation, by his wanting 'to kick someone in the teeth'.

However, at the start of the bout, his conscious intention was to find a girl 'to have sex with' and for this he had to be a man—like father. Father drank at Christmas time and became very aggressive and angry and the patient repeated this pattern. The danger in taking father's place was castration—men were threatening him; and he might be a 'queer'—a girl. The anxiety aroused at this point interrupted the 'dream'. When father drank, in the original childhood situation, mother threatened to commit suicide; hence, in the bout the patient's fear of her death. Instead of returning home like a man, he went back as a baby and actually told his mother of his wish to be a girl.

There is a remarkable confusion of sexual and oral themes in this material, so that the 'dream' appears to be an attempt to repeat the œdipal conflict as well as the nursing situation. This is reflected in the patient's confusion about being mothered or fed, and sex. Thus he went to a bar—a place to drink—in order to search for a girl. His nurse, he said, would have been the ideal woman for him. In his memories drink and the bottle entered as integral parts of the primal scene. Sexually aroused by seeing his mother nude, he wanted her *to be eaten* by bears. As Fliess *(6,* p. 65*)*, in discussing the oral phase, stated, 'Behind the œdipal aim is a preœdipal one, and behind the desire to possess the mother as a man is, in the last analysis, the desire to own her breast as a nursling'. Lewin *(17)* also mentioned the narcissistic regression common to depression, elation, the addictions, and sleep. He accounted for the prevalence of oral imagery in primal scene fantasies by the fact that feeding and the primal scene initially are both intimately related to the wish to sleep *(14)*.

THE DRINKING BOUT AS SLEEPWALKING

The wish for motility is implied in the patient's desire to escape the restrictions of reality and in his feeling of freedom and exhilaration as he began to drink. He realized the wish as he

wandered from bar to bar. The close relation of wanderlust to sleepwalking and to alcoholism has been noted by Stekel *(21)*. The patient's intoxication, with its content of feeling and action rather than visual imagery, was therefore more like sleepwalking than like ordinary dreaming *(20)*. It bore other resemblances to sleepwalking. His return to his mother, his waking up to his surprise at her home, is reminiscent of those children who sleepwalk and end up in their parents' bedroom or in bed with mother. His displacement as an infant from his parents' bedroom, further away as each sibling arrived, was still vivid in his memory. In the drinking bout he attempted to undo this traumatic event (Cf. *10*, pp. 258-259). The case histories of sleepwalking *(13, 18, 22)* also show its frequent association with enuresis and the latter's hostile connotations. Enuretic as a child, this patient, like many alcoholic patients, often was incontinent when drunk.

The patient was as ambivalent about motility as about masculinity. Both were dangerous; they could lead to separation from mother and to injury (castration) or death. History confirmed this for him: his younger half-brother had been killed when he walked in front of an automobile. His parents therefore were very anxious about him; they did not like to have him out of their sight. His earliest memory was of hurting himself while playing with a wagon he had been given for Christmas, and of mother's caring for the injury. The mother said that when the patient was four he was hurt when he rode his tricycle down the cellar steps. His sister had urged him to do this.

The same themes of ambivalence about motility, of separation from mother, and of dangers were prominent in his asthma attacks. These attacks were originally intimately linked to the nursing period and later seemed to have been superseded by the drinking. According to the patient's early memory, the asthma attack took him out of action: he could not join in the dance around the phallic Maypole. But the attack was precipitated by his fear that mother had left him, and thus, both the asthma and the drinking were cries for mother even as in them he sought reassurance of his masculinity and invulnerability.

A repetitive childhood dream dealt with the theme of motility in a primitive form. This was a dream of falling a great distance from which he awoke in a cold sweat. Curiously, the patient termed it a 'favorite' dream. He remembered the dream as occurring in early childhood and returning with increased frequency at the time of puberty when he was learning about sex. This dream, like the asthma attacks, no longer appeared when the patient became alcoholic. It was associated by him with his phobia of high places. The phobia, he said, prevented him from completing a course for leadership training in the army. So in the childhood dream, as in adult intoxication, themes of motility, sexuality, and masculinity are interrelated.

The inhibition of motility brought about by the asthma attacks is in contrast to the freedom of movement present in the dream of falling. Yet, at a feeling level, the two themes are closely related. For the idea of *falling into a void* can be equated with *being engulfed*; and the sensation attending an asthma attack is precisely that of a smothering engulfment. Each of these aspects was represented in the patient's drinking, in that he experienced a feeling of complete freedom at the same time that he was drowning or engulfing himself in alcohol; i.e., becoming both 'falling down drunk' and immobilized.

By a further extension of the idea of *being engulfed* to include *being swallowed or eaten (15,* p. 107*)*, the orality in both the asthma attacks and the dream becomes apparent. It is this element which is readily expressed in the oral activity of drinking. The patient countered his fear of being passively swallowed by actively swallowing a toxic substance. Similarly he moved toward mother, the very person who he feared would engulf him. 'Mother has a very dominating control over me', the patient once said. 'When she takes care of me, I feel girlish.'

Being eaten by mother, according to Fenichel *(3)*, is a regressive incestuous wish and is indissolubly connected with the idea of being castrated. This theme has already been commented upon in the analysis of the patient's intoxication. His wish that she be eaten is also in this context.

Fliess *(6,* p. 110*)*, in discussing orality, eating, and being

eaten, stated that the cannibalistic affect is impatience. This affect appears frequently in projection as a feeling of being chased by others, or of having demands made on one (as our patient resented the demands of a job). Fliess added: 'One need merely recall the haste with which the beast of prey pounces upon its victim and remind oneself by this fact that the interpolation of "delay through thoughts" does not exist in orality' (Cf. also Greenacre, *11*). This line of reasoning provides some insight into the propensity of the alcoholic patient to act out. It links acting out to orality and motility and to the themes of return to mother and incorporation of the breast; as a denial of passivity, the acting out assumes a manic and counterphobic quality.

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THE IMPORTANCE OF THE GELDING

BY WILLIAM C. LEWIS, M.D. (MADISON, WISCONSIN)

Since the publication of Freud's Little Hans, it has become a psychoanalytic commonplace that large animals, in the fantasies, dreams, and symptoms of children, are symbolic representations of parents.

In the days of Little Hans, horses were ubiquitous. Urban children of the present generation nevertheless have had opportunity from books, films, television, and the zoo to become sufficiently familiar with horses and other large animals to develop cathexes of their psychic representations. The persistence of such representations, in different times and in widely varying circumstances, attests the irreplaceable service to the unconscious needs of children that such fantasies provide.

A female patient was in analysis for episodes of depression accompanied by borderline schizophrenic decompensations. From the outset of treatment she had many dreams of horses. The fact is not unusual; but certain features of her symptomatology, her dreams, and childhood experiences merit recording.

During periods of narcissistic regression she often became obsessively preoccupied with the appearance of genitalia. Though married and the mother of several children, she could not bring herself to the conviction that all men have penises. As she looked at men on the street, solely in terms of her obsession, she saw their genital anatomy as a 'blank'. Her husband was for her uniquely male in this regard. Her father and all other men were fascinating and horrifying enigmas. Did they or did they not have penises? This ambiguity was, of course, incorporated in the transference, and in explicitly expressed wishes to see the analyst's penis.

About women she was less confused consciously, although her dreams were replete with imagery of girls and women who were equipped with penises. A compulsive masturbator, her fantasy of possessing a penis attained a degree of hallucinatory vividness during preorgastic moments. She confused mouth with vulva, and

tongue with penis both in fantasy and dream. There were dreams in which a penis replaced the tongue in her own mouth.

Horses were unmistakably associated with her father in many dreams and memories, and with the intrusion of the œdipal conflict in her marriage. Horses were most explicitly given human attributes in her dreams. In one complex dream the protagonist was a horse which wore her husband's cowboy boots. In another dream, she was having sexual intercourse with a horse which changed into her husband.

Such complicated confounding of the sexes, consciously and unconsciously, and the singular frequency of the theme of horses, becomes understandable in the light of her early experiences and relationships.

She was estranged from her mother who was a coldly hostile woman devoted to social life. Her mother had a penchant for taking photographs of the patient and her playmates in the nude. In relation to her fond but passive father she was constrained by feelings of guilt. She found no companionship with an older brother who was seductively tantalizing toward her. Her only uncomplicated love was the affection she lavished on her pony. From her early years until she left home to attend school her greatest happiness came from tending and riding a succession of ponies and horses. Without exception these were geldings.

She recalled vividly the guilty fascination with which on innumerable occasions she examined the soft, mouthlike orifice of the horses' penile sheaths. At times there appeared at the orifice an extruding penis, which subsequently retracted, leaving the otherwise vulval perineum. The excision of the scrotum and testes in gelding the colt had left what to her were female genitalia.

COMMENT

These observations were readily assimilated in the patient's unconscious as confirmations of various infantile fantasies. In her homosexual flight from the œdipal father and the seductive brother she was given proof of the possession of a hidden penis. The hostile defense of castrating the threatening male objects was likewise given potential realism. That she could make her husband a singular exception depended on displacing any intrusive œdipal fantasy

from her husband onto a surrogate horse. In reverse, a dream of coitus with horse-father was reassuringly transformed into horse-become-husband. The devotion to horses enabled enjoyment of affection without fear or guilt. The 'female' horse was additionally a partial representation of the mother of whose love she was factually deprived. The last also finds representation in the mouth-penis dream which is, among other associations, a substitution of penis for breast—the oral disappointment which contributed to her periodic depressions.

MAXWELL GITELSON

1902-1965

The death of Maxwell Gitelson at the age of sixty-two caused grief and consternation among a large and surprisingly heterogeneous group of people. The expressions of sympathy that poured into his widow's home from friends, acquaintances, and many who had little, if any, personal relationship with him bear witness to his widespread influence and to the loyalty which he evoked. His sincere concern with people and their problems, his warmhearted empathy with them, and his ready helpfulness were responsible for much of the reaction to his death. The depth of feeling aroused was also, I believe, a measure of the degree to which Gitelson's life was permeated by his being a psychoanalyst. One of the psychoanalyst's essential qualities is the capacity to evoke and tolerate transference responses. This capacity, innate in some, acquired and further developed in others, extends not only to the psychoanalyst's patients but to a wide circle of people on the periphery of his professional activity. Gitelson was well endowed with the faculty to call forth transference reactions. Years of psychoanalytic experience taught him to abide such reactions with equanimity. As a result, he attracted the affective cathexes of scores of people, and incidentally added an important asset to his fine therapeutic skills.

Maxwell Gitelson was truly a self-made man. Born in 1902 in Russia, he was brought to this country in early childhood. His family, though imbued with a tradition that valued education and learning, could help him but little, since the struggle for survival fully absorbed their meager resources. Acquiring an education was a hard, sometimes backbreaking task. Determination beyond the ordinary and a willingness to spend of one's essence, to risk health and even endanger life, were qualities that the young student displayed in abundance and which remained characteristic of the man in his prime. He never spared himself and often disregarded the advice of his physicians and friends alike when they warned against accepting obligations and duties which others prudently declined. The trait of sparing no effort and accepting no defeat was of some account in his intense preoccupation with therapy and in the therapeutic enthusiasm which was characteristic of him,

particularly during the earlier years of his career. It remained a powerful factor in his clinical work, though in later years the youthful therapeutic ambition gave way to an attitude of judicious and patient wisdom.

It cannot be said that he was always the surest judge of men. He had his full share of disappointments and disillusionment caused by errors in evaluating his fellows. He had a healthy ambition and was pleased by success and honors, but his ambition was more than balanced by his sense of duty and his utter dedication to the causes he believed in.

Courageous in the face of enmity and of personal illness, he refused no work and shirked no tasks consistent with his principles. He was elected to the highest positions in American and in international psychoanalytic organizations. Heinz Kohut paid tribute to him in the following words: 'He was one of the few statesmen which organized psychoanalysis has had, perhaps the greatest one. . . . It was he who, at a decisive stage, helped stem the tide of professionalism (in contemporary psychoanalysis) in order to maintain what he saw as the core values of psychoanalysis as a science.'

His interests were both clinical and theoretical, and in the last years predominantly concerned with psychoanalytic training and the future of psychoanalysis in the United States and abroad. He was a careful and sometimes laborious writer, much concerned with accuracy in concepts and formulations. He published thoughtful essays in many areas of analytic interest. Perceptive studies on child guidance, problems of delinquent youth, and the psychology of adolescence stressed the importance of the therapist's support for the innate developmental potentialities of the adolescent. There followed imaginative formulations on the emotional position of the psychoanalyst and on the nature and difficulties of the didactic analysis. He addressed himself to the vexing problems of the analysis of the 'normal' candidate and the technical difficulties of penetrating the defenses of intellectuality and 'normalcy'. In later years he produced clinical studies on intricate problems of ego psychology, culminating in an attempt to define a specific form of ego distortion. Finally, he published philosophically and historically oriented studies concerning the present and future position of psychoanalysis among the sciences. Most of Gitelson's papers received wide

acclaim, and some were attacked with inordinate bitterness.

His influence on the direction of American psychoanalytic thought and practice was profound. On many occasions he argued carefully and effectively against ideas currently popular at various times which discarded basic tenets in psychoanalytic theory and practice. Supported by the force of his convictions he strove to protect the essence of the psychonalytic process from confusion with, and replacement by psychotherapeutic efforts not properly analytic, most notably that of the so-called Chicago school in the 1940's. He was indeed well equipped to conduct this particular argument, since he was himself a remarkably gifted and successful psychotherapist and had given much thought and effort to the formulation of the differences between psychoanalysis and various psychotherapeutic techniques. Several papers dealt with the respective values and applications of each approach to therapy. He opposed with vigor technical suggestions in the realm of psychoanalytic education which threatened the anonymity and confidentiality of the analytic situation, and was actively concerned with the preservation and improvement of the standards of psychoanalytic education. Less known though no less sincere were his efforts on behalf of the Psychoanalytic Assistance Fund over which he presided since its inception. Humanitarian pursuits of all description were always certain of Gitelson's sympathetic interest and active participation.

An appreciation of his position and attainments is incomplete without acknowledgment of the contribution made to his work, indeed his life, by his wife, Frances. She provided counsel and comfort, and loyally stood by him in trying times, often shouldering much of his burden. The harsh early years and the struggles of manhood failed to blunt Max's warm, gregarious, and in some ways childlike qualities. A generous man of wide interests and lively curiosity, he was easily aroused to enthusiastic reactions. He and Frances enjoyed life fully and appreciated together its more refined aspects and cheerful moments. The ready hospitality of their home was well known to countless visitors. Max loved company, and savored a good joke no less than a good table. He was a lover of literature and the arts, especially the theater. He was fond of travel, enjoying equally the beauties of nature and the accomplishments of culture.

In Max Gitelson the psychoanalytic community lost a leader of true stature, his students a teacher of distinction, his patients a dedicated physician of rare ability, and all who knew him a warm and responsive human being.

PAUL KRAMER, M.D.

GEORGE JOSEPH MOHR

1896-1965

Dr. George Joseph Mohr died of a heart attack in New York City, March 6, 1965, at the age of sixty-nine. He started his professional career as a pediatrician, but becoming chiefly concerned with the emotional welfare of children he changed to psychiatry. He received his psychoanalytic training in Berlin, then settled in Chicago, becoming Clinical Director of the Institute for Juvenile Research. Between 1928 and 1931 he was Director of the Child Guidance Center of Pittsburgh, teaching there at the University; he published books on premature children, goiters in children, and many other papers relating to physical and emotional illnesses in children. In 1934 Dr. Mohr returned to Chicago and then, after a year in Israel, moved to Los Angeles in 1937.

He was invited by Dr. Franz Alexander and by the Board of Mount Sinai Hospital in Beverly Hills to become Director of Child Psychiatry and to develop a program of research in psychosomatic disturbances in children. A modern therapeutic nursery school was established at his incentive. With Marion Dupres he published Stormy Decade, and collaborated with others in papers on psychogenic factors of asthma in children. He was a gifted therapist. He stressed the importance of transactions within the families of these young patients. In this sense, his teaching was advanced; and always he emphasized psychoanalytic, psychodynamic concepts.

Among George Mohr's appealing qualities were his empathy and his tenderness toward people and his dedication to responsibility,—to his family, his patients, and his students. When he became ill several years ago, his concern was greater for the welfare of others than for his own health. He was a man of rather small physical stature, yet he carried himself with an air of nobility and dignity. He appreciated the arts, especially music, and was an accomplished violinist. He enjoyed good literature and the theater. Although members of our specialty are not always kind and laudatory of each other, not one individual in our group ever had any untoward criticism of George Mohr. He was, indeed, loved and appreciated by all who had social or professional dealings with him. He will be greatly missed, not only in Los Angeles, but throughout

the psychiatric and psychoanalytic circles in the United States where his scientific contributions invariably added to the knowledge of psychiatry in general and of emotional disturbances of children in particular.

MAY E. ROMM, M.D.

BOOK REVIEWS

GOETHE. A PSYCHOANALYTIC STUDY 1775-1786. Two Volumes. By K. R. Eissler, M.D. Detroit: Wayne State University Press, 1963. 1538 pp.

An adequate review of this monumental work, which brings us only to the fortieth year of Goethe's life, would require the knowledge of a combined Goethe scholar and psychoanalyst. There can be few besides the author who fulfil these qualifications. I must limit myself to comments about psychoanalytic aspects of the book.

First, some statistical data. The two large volumes include twenty-three appendices (in smaller type) in two hundred eighty-eight pages, a bibliography of five hundred sixty-two titles, and an excellent index. The detail and erudition give evidence of years of thoughtful study and must surely render this work an invaluable source for anyone interested in the life and works of Goethe, whether he agrees or disagrees with the author's conclusions.

Freud, in his address delivered at the Goethe House when he received the Goethe Prize, asked what Goethe's biographers might achieve. He said, 'Even the best and the fullest of them could not answer the two questions which alone seem worth knowing about. It would not throw any light on the riddle of the miraculous gift that makes an artist, and it could not help us to comprehend any better the value and the effect of his works.' He says further: 'Psychoanalysis can supply some information which cannot be arrived at by other means, and can thus demonstrate new connecting threads in the "weaver's masterpiece" spread between the instinctual endowments, the experiences, and the works of an artist. Since it is one of the principal functions of our thinking to master the material of the external world psychically, it seems to me that thanks are due to psychoanalysis if, when it is applied to a great man, it contributes to the understanding of his great achievement.' But Freud warns that 'in the case of Goethe we have not succeeded very far. This is because Goethe was not only, as a poet, a great self-revealer, but also, in spite of the abundance of autobiographical records, a careful concealer.' Does Dr. Eissler bring us further in our understanding of Goethe, the man, his works, and his gift?

In his introduction Dr. Eissler states that he does not aim to

propound any theory. He intends rather 'a psychoanalytic inquiry into certain problems encountered in Goethe's life. . . . The reconstruction of Goethe's psychic processes.' If this were all the author gave us we would have no more than a clinical case record and one that depended on secondary sources, not the associations of a live person in direct contact with the analyst. Under these circumstances, as Eissler himself notes repeatedly throughout the work, interpretations are speculative—sometimes plausible, occasionally probable, frequently unconvincing, and never subject to validation. Such a study has the value of bringing us into closer contact with a great man, a revered father, to recognizing his human qualities, and to achieving in this way a share in his grandeur, even an identification of ourselves with him, since he is no more than we and other men. But such an end would not warrant the effort of the writing nor even the reading of so massive a work.

The fact is that Dr. Eissler does much more. He is concerned with the relation of the artist's creation to his life and he seeks to determine the artist's psychic activity which is behind the creative act.[1] He describes Goethe's work in detail in relation to biographical data from letters and other documents and draws conclusions, some of which are indeed startling. He derives from Goethe's poems and plays the poet's unconscious conflicts and, conversely, implies the effect of his conflicts on the artistic production.

It appears to me, however, that his broad interpretative leaps are too often too little supported. There is adequate evidence that Goethe experienced deep conflicts in his relation to his parents, to his sister Cornelia, and that he suffered severe sexual inhibitions. His relationship to Charlotte von Stein can hardly be spoken of, as the author does, as 'this exquisite experiment in love' (p. 1152). Goethe's early years until he went to Weimar were marked by crises that several times led to a 'breakdown' which Dr. Eissler believes may have been paranoid schizophrenic episodes. Whether one agrees with this diagnosis or not, it is safe to assume that these conflicts, as they persisted into his later life, were the source of many of Goethe's productions. To assume the reverse, that the deductions from his writings indicate in every instance unconscious or

1 The value of the contribution by psychoanalysis to literary biography has been noted by Leon Edel: *The Biographer and Psychoanalysis.* Int. J. Psa., XLII, 1961, pp. 458-466.

even conscious conflict of clinical severity, does not allow for the genius of the artist who, with his perceptual sensitivity and empathic capacities, can create imagery that evokes a sense of psychological truth and depth without himself experiencing the conflict as illness. The artist may suffer for mankind and with mankind, not always for himself.

Dr. Eissler is concerned with the significance of genius and does indeed propose a theory of creativity. He concludes that 'the genius quality that is found in some men must be regarded as a form of psychopathology' (p. xxxiii). In a long appendix, Remarks Upon the Problem of the Relationship Between Psychosis and Artistic Creativity, Dr. Eissler states without qualification that Goethe suffered two psychotic episodes in Leipzig, separated by an interval of twenty-eight days, an interval that, he adds, 'may suggest that these raving attacks were, perhaps, precipitated by his sweetheart's menstrual period' (p. 68). Dr. Eissler also considers Goethe's venture into the science of chromatology as a 'partial psychosis', a conclusion that he argues vigorously but not convincingly.

What is important is Dr. Eissler's theory of the relation of psychosis to creativity. He says, 'I believe that every genius is a potential psychotic, because the production of great art is due to the deflection of a psychosis. A block or impairment of this diversion towards the creative therefore necessarily leads to a manifest psychosis. Art and psychosis are closely related' (p. 1097). I gather, if I read him correctly, that Dr. Eissler's point is that the genius experiences a 'psychosis' which differs from the ordinary clinical psychosis inasmuch as the former leads not to a permanent disruption of ego structure but to a disruption which frees instinctual energy, which is 'intercepted by uninjured ego-functions and used for the creation of poetry' and not for physical discharge (p. 1179). This seems to be not far removed from Kris' concept of 'regression in the service of the ego', to which Dr. Eissler refers (p. 1416) but which he questions, preferring to assume that the ego 'can, as it were, take a nap and rely on the wisdom of the force of nature'. He says further that 'the drive, thus tamed, can now without the ego's supervision accomplish even better what the ego craves to accomplish than it can when the ego is given opportunity to interfere, burdened as it is with its desire to be perfect and its concomitant doubts. The ego, with all its wisdom and experience and memory and judgment,

could not create artificially what can be created by abandonment to the free operation of tamed instinctual powers' (p. 1417). There appears to be a contradiction in these propositions. The 'uninjured ego-functions' use the free instinctual energies for 'the creation of poetry'; yet, the drives (though tamed—how?) operate without 'the ego's supervision'.

Dr. Eissler is consistent within his own theory in defining sublimation as a change of instinctual aim and not a transformation of energy (p. 1415). A further consequence of his theory is that the artist loses his creativity to the extent that he expends his instinctual energies in normal object relations. He says, 'As soon as he [the artistic genius] achieves a satisfactory mode of object relationship—and for the genius only an ideal mode is likely to be satisfactory—he simultaneously loses the capacity for creating great art' (p. 1367).

These are interesting and challenging assumptions. Whether Dr. Eissler is correct remains to be proved. The work deserves careful reading and study. It is likely that the nonanalytic reader will be repelled by the bold speculations of the author. Even the psychoanalytic reader may wish that the author had emphasized less Goethe's psychopathology, his 'psychotic' core. Is it the artist's psychopathology that determines his creativity or is it not rather his capacity to deal with his conflicts? Should not the emphasis be on his synthetic powers, his capacity to tame his inner chaos,—on the imaginative powers of his ego to make of his conflicts a great artistic heritage? Art is not pathology, not neurosis, not psychosis;—it is man's great achievement, the fruition of the imaginative functions of the ego. It is in the study of these functions that psychoanalysis can make its most valuable contribution.

DAVID BERES (NEW YORK)

LA PERSONALIZACION. BIOLOGIA Y SOCIEDAD. (Personalization. Biological and Sociological Aspects.) By Igor A. Caruso. Bogota: Circulo Vienes de Psicologia Profunda Grupo Bogota, 1964. 75 PP.

Personalization is a term that refers to the biological, sociological, and anthropological elements of the individual and to his ego; it maintains that the ego is more than the sum of its parts. Caruso differ-

entiates between the biologically inherited structures of the ego, described by Hartmann, and its psychological aspects.

Perception is never objective; language is simply a means of communication and therefore we must always be aware of our use of analogy, homily, and metaphor. (Linguistic study of Freud's work should be fruitful.)

We must not confuse a function with the idea of functioning. Caruso believes that functional units should be considered from the dynamic, energetic, and structural aspects to eliminate the confusion which he believes exists in the current psychoanalytic literature. His book consists of ten lectures given in Bogota in 1963 and will become part of a series of other analytic publications from the Archives of Psychoanalytic Studies. The author is better known in Germany, France, and Spain than here and it is regrettable that he underestimated the sophistication of the group to which he lectured; this error results in uneven handling of his subject from the first two or three lectures to the last one. Nevertheless the book is well-reasoned and deserves to be read.

GABRIEL DE LA VEGA (NEW YORK)

EVOLUTION OF PSYCHOSOMATIC CONCEPTS. ANOREXIA NERVOSA: A PARADIGM. Edited by M. Ralph Kaufman, M.D. and Marcel Heiman, M.D. New York: International Universities Press, Inc., 1964. 399 pp.

The carefully selected papers (previously published) that comprise this book gain from chronological arrangement. Surprisingly, the editors do achieve their goal despite minimal editorial comment. The evolution of knowledge about anorexia nervosa and its determinants shows us how thought about psychosomatic medicine has developed. Concepts about illness have become more specific. The mind-body dichotomy is revealed as clearly irrational. The crucial questions of choice of organ for expression of conflict and the mechanisms of psychosomatic illness are in the foregound of discussion. Others papers discuss what is specific in a psychiatric syndrome, and show how symbolization and unconscious mentation play a part in somatic symptoms.

The editors, aware of the lack of psychoanalytic data and of the limitations of studies of case histories, acknowledge that 'we are

still left with the fundamental problem of psychosomatic medicine' —the problem of how conflict and symbolization produce somatic symptoms is not yet understood. Knowing that there is a fantasy of oral impregnation does not make clear to us the metapsychology of the disease. The editorial comments, intended as a guide to the ideas developed in the individual papers, serve both as criticisms of the papers and as an evaluation of the whole book. This self-appraisal, in my opinion, is a correct one and therefore of considerable value.

The volume is more than a collection of papers. It forms a unique whole. A few comments on certain articles will reflect something of their nature.

The original descriptions by Gull and Lasègue of anorexia nervosa, without which the volume could not exist, are the foci for evolution of psychosomatic concepts. Gull's style is lucid and clear, whereas Lasègue's is almost ponderous. But these two independent descriptions of a new disease evoke a sense of participation in discovery even though the scientific restraint of the two authors may leave the impression that they did not themselves fully realize the importance and originality of their discoveries.

A chapter is devoted to the concept of 'psychogenicity', which has not heretofore been given sufficient attention. The definition offered by the Mt. Sinai Seminar Group will probably remain the authoritative one, at least until new observations demand a revision in theory.

The historian who would evaluate Franz Alexander's place in medicine might well begin with study of the paper republished in this volume, in which the sermon he preaches is that organic disease is a result of emotion, stress, and tension; that functional disease may cause organic disease. This oversimplified statement is unjust to Alexander's erudition. His thought has great complexity. His theory appeals to us as probably valid though the evidence for specificity of psychosomatic etiologies is not demonstrated and many of the links between functional and chronic organic disease are not supplied.

Paul Klemperer re-evaluates Virchow's influence on modern medicine. He reveals Virchow's preoccupation with the dynamic processes of cellular pathology, and corrects the historical distortion of Virchow's precepts. His paper suggests that in spite of a large

difference there is an essential unity between psychological and physiological investigation and conceptualization.

Waller, Kaufman, and Deutsch offer the thesis that has proved most fruitful of all in elucidation of psychosomatic disease—that the fantasy of oral impregnation is central in anorexia nervosa.

The strength of the book is also its chief weakness. The editors succeed in their basic purpose of showing development of knowledge of anorexia nervosa as an example or paradigm of the development of psychosomatic theory. But they do so with such parsimony of comment that they fail to define general psychosomatic theory, and they do not compare anorexia nervosa with other psychosomatic diseases. Similarities and differences in disease processes are not illustrated and discussed. However, Kaufman and Heiman did not undertake to make comparisons and to explicate all psychosomatic phenomena. Only a paradigm of how concepts evolved is intended, without implication that the disease and the concepts about it are paradigmatic for all psychosomatic manifestations. My criticism therefore is to be construed as a suggestion for a series of books by the same editors, each on a different psychosomatic entity and each treated in the same manner as the present volume. A comparative study of psychosomatic diseases and the metapsychological concepts used to explain them would thereby evolve and might readily become the basis for a classification and theory of somatization.

VICTOR CALEF (SAN FRANCISCO)

CHILD PSYCHOTHERAPY. Practice and Theory. Edited by Mary R. Haworth. New York: Basic Books, Inc., 1964. 459 pp.

In this collection of articles by many outstanding child therapists, special effort has been made to present various theoretical approaches and methods. The editor states that it is planned for use by students and practitioners of clinical psychology, child psychiatry, and social work. It is my impression that a variety of approaches to child therapy is confusing to the student and, although it is of interest to an experienced therapist, its value is mostly theoretical.

A contribution by Erik H. Erikson draws attention to the fact that play in the child's life is not only an expression of id impulses equivalent to free associations in the adult, but also is used in the

service of the ego 'to master reality by experiment and planning'. Erikson speaks of the 'microsphere', 'the small world of manageable toys to which the child returns to overhaul his ego', and of the 'macrosphere', the world shared with others. In another article, Erikson describes the diagnostic importance of the first session which often offers clues and permits understanding of the child's problems, as well as shedding light on what can be expected in the course of treatment. He offers most valuable insight into the meaning of disruption of play in young children. This contribution may be compared to Freud's 'signal anxiety' and occurs when the child finds himself overwhelmed by instinctual feelings which enter into symptom-formation; the breakthrough of the repressed puts him in danger of retaliation from outside.

Several authors, including Escalona, Rabinovitch, and Rexford, stress the necessity of diagnostic evaluation for planning therapy. Escalona discusses the difficulties in treatment of psychotic children and compares relative merits of 'expressive' versus 'suppressive' therapy in such patients. She concludes that until more is known about the etiology of psychotic processes little can be done to effect a deeper structural change, and symptomatic improvement is all one can hope for. Rabinovitch draws attention to a variety of pathological entities such as mental retardation, schizophrenia, and psychopathic personality, in which proper diagnostic evaluation is essential to establishment of a program of therapy consisting largely of re-education. Rexford discusses therapy of delinquents at the Thom Clinic. Three types of delinquency were encountered. In the first group—the most severe—damage suffered in infancy seriously interfered with the ability to establish object relationships and reality testing. In the second group the disturbance in the child-mother relationship had occurred later in development, while in the third group the delinquency was mainly an expression of neurotic conflict. Prognosis is best in the third group; it is questionable how far the changes are reversible in the first type of delinquency.

Dorothy Burlingham, in an article on child analysis and the mother, brings up the technical problem of involvement of the mother in the analytic therapy. She suggests three ways of approaching this problem: 1, to ignore the parents and confine analysis to the child; 2, to remove the child from home for the duration of treatment and place him in impersonal surroundings; and 3, to

treat the child and his reactions to parents as an integral part of analysis. It seems to the reviewer that in any truly analytic situation only the third approach can work; with some special exceptions, the first two seem unrealistic.

Hellersberg discusses the child's play as an expression of libidinal phases and regressive needs, as well as of stages of ego development. Like Erikson she stresses the constructive mastery of environment through play. Lili Peller traces the correlation between play and levels of libidinal and ego development. Narcissistic play is followed by preœdipal play, concerned mainly with the theme of separation and turning the passive into an active experience of mothering. Œdipal play is characterized by intense awareness of sexual differences and a competitive wish for equality with adults, which results in disappointment. Typical latency play is games with rigid rules, together with reaction-formation, so important for this age.

Anna Freud's article is directed to the symptom-formation and the protective role of defense mechanisms. In several clear and simple clinical examples she illustrates with her usual skill the importance of defenses against affects. Selma Fraiberg describes a most interesting case where aggressive acting out is used as defense against passivity. She also speaks of acting out of repressed masturbation fantasies and of the difficulty in analysis of the transference resistance rooted in the basic problems of a little girl.

The importance of the therapeutic alliance, with special consideration of lags in ego development in child patients, is discussed by Frankel and Hellman. The problem of termination of treatment is considered by various therapists; they offer no definite answers but emphasize the need for clarification. Gondor stresses the importance of understanding and proper use of fantasies for diagnosis and therapy. Schwartz gives a most interesting psychoanalytic study of the fairy tale and, like Gondor, points out the usefulness of understanding and using children's reactions to fairy tales and puppet shows for diagnostic and therapeutic purposes.

The last articles deal with learning of psychotherapy and the problems of supervision. Ekstein and Wallerstein point out the connection between the therapist's personality problems and their influence on the countertransference.

For the psychoanalyst this collection of articles highlights the differences and relative merits of the psychoanalytically oriented

approach as compared with the more descriptive psychological point of view.

LILI R. BUSSEL (NEW YORK)

SYMBOL FORMATION. An Organismic-Developmental Approach to Language and the Expression of Thought. By Heinz Werner and Bernard Kaplan. New York: John Wiley & Sons, Inc., 1963. 530 pp.

The authors of this penetrating study of a complex process attempt to 'order and to integrate' developmental observations of linguistic behavior and experimental data on the processes of symbolization, especially as they are exemplified in language. The study, distilled from a variety of sources including original research by the authors and their students, is the result of years of effort, mainly at Clark University where Freud gave his first American lectures. It seems quite natural therefore that the 'organismic' approach of the authors finds many points of contact with psychoanalytic theory.

In a lecture to a linguistic study group at the New York Psychoanalytic Institute, Professor Kaplan said of the term 'organismic': 'It has sometimes been used as a synonym for "holistic", sometimes as an equivalent of "systemic", sometimes as suggestive of "visceral" or "bodily", sometimes as a less odious alternative to "teleological", and often as an affective expression of metaphysical pathos'. Speaking more definitively, he said that the concept refers to the 'ontological as well as logical priority of the whole'. In other words, in a given system the value of any part is determined by the other parts of the system and by the whole system to which all the parts are subordinate. The term 'organismic' also implies intrinsically directed activity (in this sense it is said to be teleological), including maturational as well as instinctual drives. The structurally conceived, biologically based metapsychology of psychoanalysis and the psychic system that it postulates seems compatible with the 'organismic' concept although psychoanalytic theory differs from it in many details.

Werner and Kaplan attempt to show that the development of language is a special case of the development of symbolic representation in general. Furthermore, it is a subsystem in a larger schema

of symbolic representation between which and the substructure of language there are also important reciprocal influences.

Several aspects of this study are of special interest to those interested in both theoretical and practical problems of psychoanalysis. One is the classical linguistic problem of the sources of semantic reference. Two major theories attempt to explain the origin of the connection of a word symbol with its referent. One theory asserts that there is a 'natural' relationship exemplified by onomatopoeia. The other, called the 'conventional' theory, maintains that the relation between word symbol and its referent is 'arbitrary'. The authors demonstrate that in terms of ontological development these competing theories are not mutually exclusive. They present some ingenious experimental data consistent with other observations which show that any arbitrary symbol presented to an individual is adapted to its significate by the individual's own onomatopoetic devices. Thus although the end result may appear to be an arbitrary relationship between symbol and significate, there are intermediate steps that make the relationship an organismic one. These active operations are called 'symbol rotations' and 'conceptual rotations'. To avoid restricting their propositions to linguistic symbols alone (since this work has implications for semiotics in general), the authors use the term 'vehicle' to refer to the nature of the symbol or the substance out of which it is being formed. They demonstrate that in 'symbolic rotation' there is a reciprocal relation between the 'vehicle' and the ultimate referent, in which each is reconstructed by the other, or seen differently in differing situations and contexts. Thus all words when used in speech have an individual cognitive signature attached to them, besides being part of the arbitrary semantic code of a language community. Analysts who listen to free association in which idiosyncratic utterances occur can also bear witness to these observations.

Although the notions of 'symbolic and conceptual rotation' help to explain the special felicity that the symbol seems to have for the individual as a designator of its significate, the fundamental phylogenetic and philosophical issues raised by the proponents of 'conventionalism' do not appear to have been resolved by Werner and Kaplan. They do however suggest interesting areas for psychoanalytic investigation. For example, the unconscious affective values attached to certain words may derive from the vicissitudes that the

words undergo in their development from 'vehicle' to 'symbol'. A study of their intermediate stages might in turn offer another avenue for the reconstruction of early childhood events.

Another series of observations that have important implications for the psychoanalytic theory of early ego development is the differentiation of the mother-child-symbol-significate complex. In most instances language is used as the paradigm of this process. The authors suggest that in the very earliest phase of symbol formation there is as yet no differentiation of the boundaries between the mother and child, or of the boundaries between them and the significate (or referent object). By a process of 'distancing', the stages of which are carefully outlined, the authors demonstrate the development of a tripartite differentiation. The 'vehicle' (for example, the acoustical form of the word) does not become a true symbol with a constant referent until 'distancing' operations separate the mother from the child and the child from the 'vehicle.' Furthermore, there appears to be a reciprocal relation between all three in these 'distancing' operations. The separation of mother and child enhances symbol formation and increasing mastery of symbolic representation facilitates the differentiation of the child from his mother as well as from the evolving symbolic forms. Factors of maturation, drive, and environment must play crucial roles in this process. The authors do not attempt to sort these out; they are content to describe the process and identify crucial stages.

What is essentially new from the point of view of psychoanalytic theory is the inclusion of the developing 'vehicle' into the undifferentiated mother-child unity. The process of boundary formation thus takes place between three rather than only two entities.

The concepts outlined by Werner and Kaplan should have important applications in many clinical areas; for example, in comprehension of some of the disturbances of language in autistic and symbiotic children. By implication they remind us also of the extent to which psychoanalysis has neglected its early linguistic interests. Freud's contribution to the problem of aphasia, his brilliant formulation of the schema of 'word-thing presentations' in his paper, The Unconscious, and his philological speculations in The Antithetical Meaning of Primal Words, are but a few of his allusions to linguistic problems. What is, in effect, a theory of semantic reference in The Unconscious, uses a topographic model for alloca-

tion of words and their referents to regions of the mind. Structural theory demands greater refinement of formulation and more detailed investigation of the autonomous functions of the ego. Some of the implications for a more sophisticated model of language as a symbolic representational system within the ego are suggested in this book.

This monograph is heavy reading. The text is not always consistent in the use of some ponderous technical terminology. In our discipline we too live dangerously in this regard and thus owe the authors some tolerance. The reader will emerge from a frustrating sense of obfuscation in some sections of the book only after several re-readings. This is a serious and scholarly work, however, and will be richly rewarding to those with an interest in the subject and the stamina to remain with it.

VICTOR H. ROSEN (NEW YORK)

THE COMMUNITY MENTAL HEALTH CENTER. An Analysis of Existing Models. Washington, D. C.: Joint Information Service, 1964. 219 pp.

This publication, by the American Psychiatric Association and the National Association for Mental Health, in association with the Division of Community Psychiatry, Columbia University, and the Department of Mental Health, American Medical Association, consists of fifteen chapters, of which four define, summarize, and compare mental health centers; the remaining chapters describe in detail eleven centers in the United States and Canada. The study, which is clearly written, should be of assistance to those charged with planning and coördinating psychiatric programs.

The community mental health center is a development of the last decade. The authors remind us that the knowledge from military psychiatry gained in World War I was ignored in planning for neuropsychiatric casualties in World War II. Today, the community mental health center movement attempts to avoid a similar error by coördinating and improving existing services and filling gaps without duplicating services already in existence. Law provides that these centers include five essential elements: inpatient services, outpatient services, facilities for partial hospitalization (such as day hospitalization), emergency services, and consultation

and education for community agencies and professional personnel.

The eleven facilities described are evaluated according to such aspects as the area served, physical plant, staff, services for children, emergency service, treatment programs (for alcoholics, drug addicts, the mentally retarded, the aged), rehabilitation services, transitional and placement services, consultation, training, and evaluation of results. The centers provide the usual modalities of treatment, including individual and group psychotherapy, drug therapy, electroshock, and milieu therapy. In most of the centers individual psychotherapy is considered the treatment of choice.

An attempt was made to determine the operating philosophy of a center—its objectives and tasks. Such basic considerations are difficult to formulate but it appears that principles of operation are eclectic. The possibility that psychoanalysis offers a systematic psychology of human behavior is not considered. We may repeat what Freud wrote in 1918: 'the large-scale application of our therapy will compel us to alloy the pure gold of analysis freely with the copper of direct suggestion' (*Lines of Advance in Psychoanalytic Therapy,* Standard Edition, XVII, p. 168). The centers were found to meet many criteria for the comprehensive community mental health center, but a significant factor lacking in most of the programs was a means of determining the effectiveness of their services.

The study should prove of great value to all who are responsible for the development of community psychiatric programs.

JOSEPH J. MICHAELS (BELMONT, MASS.)

PATIENTHOOD IN THE MENTAL HOSPITAL. An Analysis of Role, Personality and Social Structure. By Daniel J. Levinson and Eugene B. Gallagher. Boston: Houghton Mifflin Co., 1964. 265 pp.

'Psychoanalytically oriented clinicians', the authors say, 'tend to focus predominantly on the patient's "disorder" and to regard it largely as a derivative of unconscious processes. Progress in the development of ego psychology and of dynamic social psychology will be greatly facilitated, we believe, by more focal consideration of the individual's engagement with his sociocultural environment.

We must move, so to say, from the "psychopathology of everyday life" to the psychodynamics of social adaptation in the broadest sense. To do so will require a more complex and informed view of the ego and of social reality.' The 'egos' which the authors undertook to study belonged to a group of patients admitted for inpatient psychiatric care, and the 'social reality' which they studied was that provided by the ward of the Massachusetts Mental Health Center. After a period of preliminary study, they collected data from their patients by means of a questionnaire and subjected their data to an apparently competent mathematical analysis. The study should be interesting, for both its theory and its method, to any analyst who concerns himself with treatment of the hospitalized patient.

It is regrettable that the entire statistical study is based on only fifty male patients and fifty female patients. Furthermore, although the book was published in 1964, the data were collected in 1957. As the authors acknowledge, many of their basic premises about hospital treatment of the mentally ill are no longer valid because of great advances which have taken place in that interval of time.

In spite of the promise of an integrated psychoanalytic and sociologic approach, one seeks in vain for the psychoanalytic frame of reference. The authors acknowledge that they have no data to corroborate some of their psychoanalytic inferences. And they have neglected to include an index, a matter of no small importance in a scientific report over two hundred fifty pages long.

In spite of these limitations, the book may be of some value to the psychoanalyst interested in clinical research.

LOUIS LINN (NEW YORK)

HUMAN REPRODUCTION AND SEXUAL BEHAVIOR. Edited by Charles W. Lloyd, M.D. Philadelphia: Lea and Febiger, 1964. 564 pp.

This ambitious text is making an impressive splash in certain medical ponds. It offers, according to its foreword, 'Summaries of what is known today about all the functional elements of sex behavior and reproduction—endocrine, neurological, psychological and psychiatric'. There are twenty-nine chapters by sixteen contributors.

Quantitative analysis: twenty-one chapters are devoted to the first half of the title, to the biology and medical pathology of human

reproduction. Only six chapters are devoted to the second half, human sexual behavior.

Qualitative analysis: the biological and medical contributions are almost uniformly excellent, covering such subjects as Infertility, Hermaphroditism, Gonadal Failure, and Virilizing Adrenal Hyperplasia. There is also a useful appendix on Drugs of Endocrine Interest. The six chapters on human behavior add up to a dull mechanical *mélange,* almost devoid even of dynamic psychiatry. The banal contributions of two psychiatrists reveal in pure form the most complete insulation against psychoanalytic knowledge.

Another striking contrast is seen in the chapter on Reproductive Behavior in Mammals (nonhuman), by Robert W. Goy, which has more of psychological interest and value than the chapters dealing with human behavior.

The volume therefore has some value as a reference work on specific subjects. It cannot be recommended as a textbook for any student unfamiliar with basic psychoanalytic contributions to sexual behavior.

H. ROBERT BLANK (WHITE PLAINS)

ABSTRACTS

International Journal of Psychoanalysis. XLIV, 1963.

Symptom Formation and Character Formation. Jeanne Lampl-deGroot. Pp. 1-11.

The author highlights some aspects of symptoms and character traits, especially from the more recently developed structural-dynamic point of view. Conflict among the drives, ego, superego, and outside world takes place in health as well as in pathology, but only in health is the ego able to integrate and harmonize the conflicting interests. This capacity of the ego develops out of innate properties in connection with the other ego functions, in the interplay with the development of the instinctual drives, and is influenced by object relationships, the environment at large, and the nature of the superego and ego ideal. Symptoms develop when the ego cannot synthesize the demands of the id, superego, and environment without the pathological use of defense. Character traits are formed as precipitates of mental processes that come into existence in the mutual interplay of ego, id, superego, and ego ideal under the influence of object relations and environment.

Conflict, Regression, and Symptom Formation. Jacob A. Arlow. Pp. 12-22.

Certain problems of character and symptom formation are considered from the point of view of the structural hypothesis and the signal theory of anxiety. Conflict is the result of opposing tendencies among the id, ego, and superego and cannot take place, as some have contended, within these agencies. In regard to regression, it is important not to treat all derivatives of regressively activated instinctual drives as though they originated in the phase in which the particular component drive was dominant. An oral fantasy, for instance, may derive from the phallic (œdipal) phase rather than from the oral. Preœdipal experiences are important in shaping the conflict of the œdipal phase through patterning the drives, affecting the precursors of the superego, and influencing the ego in its selection of defenses, but they are not central to the conflict in the neuroses. This lies in the œdipal phase. Only by this time are the psychic agencies sufficiently developed to make true intrapsychic conflict possible. Where symptom formation is concerned, it must be remembered that the symptom contains both defense and drive derivatives, not simply the former as has been assumed. An unacceptable derivative, regarded by the ego as a potential danger, stimulates it to various defensive maneuvers. The failure of these results is the symptom, which is closely associated with an underlying fantasy that represents a specific version of how the ego integrated the demands of all components of the psyche and of reality.

Seriousness and Preconscious Affective Attitudes. James M. Alexander and Kenneth S. Isaacs. Pp. 23-30.

One portion of the conflict-free sphere of the ego involves affective attitudes which are secondary autonomous functions existing along with primary ones but

having different genetic roots. Seriousness is an example of such an attitude. Its development begins in the earliest neonatal experiences with the mother, continues through successive phases of psychosexual development, and optimally may continue until senescence. The attitude may be excessive, insufficient, or otherwise pathological. Its treatment is easier where the attitude is ego-alien, more difficult where ego-syntonic. Most difficult of all are those cases in which the attitude, besides being ego-syntonic, requires additional tasks of deneutralization and disidentification from superego and ego ideal objects.

The Problem of the Assessment of Change in Psychotherapy. Robert S. Wallerstein. Pp. 31-41.

Previous studies of assessment of change, especially those of Hartmann and Jones, are discussed at length. The author and his collaborators' research uses three sets of variables—patient, treatment, and situation. The first and third are self-explanatory. The second includes, in part, technical interventions, attributes of the therapist, and the climate within which patient-therapist interaction takes place. Assessments are taken at various points in time. The project described is an inquiry into the nature of the psychotherapeutic process through assessment of changes and the interrelations of changes among all the selected variables.

The Place of Neutral Therapist-Responses in Psychotherapy with the Schizophrenic Patient. Harold F. Searles. Pp. 42-56.

The schizophrenic patient needs not only intense emotional responsiveness from the therapist but an equally liberal measure of neutral and related responses of inscrutability, imperturbability, impassivity, and even, on occasion, indifference. Only by such responses can the therapist help the patient to 'erode' through areas of pseudo-emotion that are superficial, imitative phenomena rather than deep inner experience. Extensive and convincing clinical material is included.

Frigidity and Object Relationship. Gustav Bychowski. Pp. 57-62.

Interference with orgastic experience is the result of many primary reactions and secondary defenses from precœdipal as well as œdipal levels of development. For example, persistence of the symbiotic wish from infancy calls for complete and permanent fusion with the lover, yet this is impossible in the sexual act. Rather than permit 'abandonment' by the lover, the ego withdraws cathexis and waits for the inevitable 'loss' of the love object that repeats childhood abandonment. Disturbances of other aspects of early object and pre-object relations that may interfere with future object relations and the ability for full sexual experience are discussed.

Alice and the Red King. The Psychoanalytic View of Existence. Joseph C. Solomon. Pp. 63-73.

The child's sense of existence is contingent upon internalizing the mother who has internalized him. Examples of the thesis are a patient who dreamed she existed only in the dream of a giant, and Alice in Wonderland who was told by

Tweedledum she would exist only so long as the Red King dreamed about her. A detailed clinical account supports the thesis. Various views of existence, including existentialism, are discussed.

For This Woman's Sake. Notes on the 'Mother' Superego with Reflections on Shakespeare's *Coriolanus* and Sophocles' *Ajax*. Robert Seidenberg. Pp. 74-82.

Two men in psychoanalytic therapy are described, showing the breakdown of hypermasculinity defense under the pressure of feminine influence. Their prototypes are easily recognized in Ajax and Coriolanus.

A Contribution to the Metapsychology of Cyclothymic States. Donald Meltzer. Pp. 83-96.

The author concludes that in cyclothymic states a particular form of stealing and denigrating attack, motivated by envious greed, undermines the stability of the internal relation to the breast and mother. The thesis is based on a variety of clinical experiences and is illustrated by the detailed report of a woman who showed improvement after five and a half years of an analysis assumed to be in its terminal phase at the time of the report.

The Role of Grief in Psychoanalysis. Robert J. Wetmore. Pp. 97-103.

The author postulates that all neuroses develop because the infant cannot grieve effectively. Instead, the infant builds systems of defense against the necessity of giving up object relationships. This can be changed only by effective grieving as the final stage in the psychoanalytic process.

Denial and Mourning. Channing T. Lipson. Pp. 103-107.

The initial reaction to object loss is a splitting of the ego, one part accepting the loss, another part denying it. The denying part then gradually accepts the loss by the regressive process of introjection. From this point of view, denial is not only an attempt to preserve object loss, but its more basic function may be to preserve the ego from the overwhelming flooding of affect that might result from immediate, total acceptance of object loss.

EUGENE V. NININGER

Journal of the American Psychoanalytic Association. XI, 1963.

Freud and the Psychoanalysis of History. K. R. Eissler. Pp. 675-705.

Eissler claims for psychoanalysis that its proper use and application by society could give rise to a new culture and assure the survival of the West, thus preventing its inevitable decline and fall, the fate suffered by all preceding civilizations. He acknowledges that this is unlikely because psychoanalysis has not, despite its benefits and influences, been really integrated by society. Only a distorted 'mythological equivalent' has become popular. Man's narcissistic rigidities seen, for example, in nationalism, racism, religion, and property institutions, make objectivity toward cultural values impossible. Without it, according to Eissler, there can be no acceptance of the same application of science to psychology as to the physical and biological—just as Hanns Sachs speculated that

the ancient Roman's body narcissism prevented his development of the machine, of which he was not only otherwise capable but in need of for survival.

In support of his thesis, Eissler cites Freud's Moses and Monotheism and suggests that *because* of what he characterizes as Freud's successful psychoanalysis of the Jews in it, they were, after two thousand fruitless years of longing, finally able to win their homeland. Acknowledging the possible error of Freud's specific analysis and therefore of the inferred causal consequences, he nevertheless insists on the analyzably relevant coherence of a people's history. Eissler argues for the inclusion of the neglected psychological, hidden and repressed, forces among the multiplicity of causative historical determinants. Psychoanalysis could then make both a contribution to the science of history and endow mankind with the power to master its own historical processes.

Variants of Comic Caricature and Their Relationships to Obsessive-Compulsive Phenomena. Victor Rosen. Pp. 704-724.

Rosen discusses the psychodynamics of various comic distortions and compares them to obsessive-compulsive phenomena in an attempt to clarify symptom-formation in the latter and to make some technical suggestions for such cases. Obsessions and compulsions are said to be variants of caricature, without fun or laughter. Both are particularly rich in pregenital sadomasochism. There is, however, no conscious pleasure associated with obsessive-compulsive phenomena because, unlike comic distortions, the constituent elements, the identity of victim and aggressor and the motives for attack, have become obscured and ambiguous through isolation and disturbances in the distance of the observing function. In comic caricature the destructive and sadomasochistic drives, which are the main aims of obsessive compulsive phenomena, are attenuated and diverted to the aim of amusing the audience. In caricature not only are the sadomasochistic needs minimized, the constituent elements recognizable, and the observing distance adequate, but glimmers into primary process mechanisms are also provided. Restoration of the often impaired comic sense in the treatment of an obsessive-compulsive patient may therefore provide him with glimpses of primary process mechanisms not otherwise available and facilitate maturer, less sadomasochistic critical abilities. Laughter evoked in the patient by humorous, parodic, witty interpretations may facilitate a comic synthesis and comprehension of interpretations—especially of the transference—by impelling a more optimal observing distance as well as reflecting its achievement. Thus restored to its comic context, the genesis of an obsessional neurosis may be more clearly understood and reconstructed.

The Parent as Sphinx. Leonard Shengold. Pp. 725-751.

Shengold emphasizes the importance of the precœdipal elements in the Œdipus myth, and describes parallels between it and the character and fate of patients who were seduced by psychotic mothers as children. He suggests that these parallels clarify the clinical data and therapeutic problems of such patients. Like Jocasta, psychotic mothers who seduce their children are said to be sadistic, cruel, abandoning, and symbiotically devouring. (The Sphinx is Jocasta symbolically disguised.)

These patients have Œdipus' contradictory traits of character and superego defects, oscillating between intense guilty masochism, and grandiose and dishonest self-indulgence. The traumatic seductions give rise to enormous rages which seek explosive discharge in often masochistic acting out. The image of the mother is split. Identification occurs with both the good mother, delusionally idealized as a refuge from and defense against annihilating oral sadism, and with the bad, projected mother. This leads to the further undesirable character traits of cruelty and self-falsification, traumatic object relations, and disturbances in identity.

Remembering and Forgetting Dreams in Psychoanalysis. Roy M. Whitman. Pp. 752-774.

From an experimental study of dream recall and forgetting, and utilizing the data of recent psychophysiological research on sleep and dreaming, as well as psychoanalytic theory, Whitman concludes that the forgetting of dreams has an ego and a content aspect. It may be inferred that he means nonconflictual as well as conflictual determinants. In addition to being repressed, dreams are said to be also forgotten because of the ego's difficulty in conceptualizing primary process thinking in secondary process terms and because of the demands on the ego of other functions. Since therefore, not all forgetting of dreams is due to resistance, Whitman recommends that, contrary to classical analytic practice, patients be permitted (not instructed) to write them down as an aid in their recovery.

Experimentally more dreams are recalled with awakenings during dreaming than with awakenings at other times, and less as the time since awakening increases. This cannot be correlated with repression but rather by considering the above-mentioned demands on the ego to explain the latter, and by considering for the former that the dream is itself a hallucinatory oral experience which maintains sleep by providing direct gratification. Satisfying and completed oral experiences are said to be more easily forgotten than unsatisfactory or incomplete ones.

Body Ego and Creative Imagination. Gilbert J. Rose. Pp. 775-789.

In the artist there is not only, as has been previously reported, projection and introjection of the body image into space, but also onto the canvas of a painting (and into a character in literature). The canvas is thus said to represent the body image of the artist and, sometimes, his skin. Libidinal and aggressive energies are carried to the canvas by the hand, as in infancy (Hoffer) they are carried from the mouth to the skin. Rose maintains that, in scientific and artistic work, thought and action—including kinesthetic reactions—are in an essential oscillating, reciprocal, equilibrial interchange.

The Psychology of Gossip. Jean B. Rosenbaum and Mayer Subrin. Pp. 817-831.

Gossip is described as a triangular sociopsychological 'relationship' which is meant to foster intimacy and discharge hostility. It operates through the evocation of curiosity and fantasy, and its genetic and instinctual sources are said to be œdipal aggression and sibling rivalry. Additionally, by way of identification it

is used to master anxiety; it may have a genuine communicative function; it may either foster or impede group formation and socialization in, for example, adolescence.

A Finger-Licking Finger-Flicking Habit. W. Clifford M. Scott. Pp. 832-834.

This habit is seen as a 'transitional function' between infantile oral activities and their later 'displacements'. Its analysis, with the relief of fixations and inhibition, is said to facilitate improvement in such later derivatives as speech and manual expressiveness which are apparently impaired in such patients.

JEROME ENNIS

Bulletin of the Menninger Clinic. XXVIII, 1964.

Social Psychiatry and Political Behavior. Bryant Wedge. Pp. 53-61.

Psychopolitics is a further broadening of psychiatry into the field of political studies and public leadership, following on the development of concepts of interdependence of mental life with the physical and human environment, use of drugs, use of social ameliorative devices, and finally the grasping of qualities of social systems affecting the individual in the community. There is a real need now for psychiatrists to understand the effects of the national and international political systems on the lives of their patients. Attempts to apply modern modes of clinical thought to modern political problems have shown that political behavior is inseparable from the vicissitudes of personality. The author outlines an approach to determine problems, relevant data, and useful findings as a beginning of the growth of a new science. Problems involving the development of this new science range from the lack of initiative of the psychiatrist to the suspicion of the unfamiliar and resentment of intrusion.

Hospital Romances. Peter Hartocollis. Pp. 62-71.

An unexplored problem in hospital psychiatry is the phenomenon of romantic involvement between patients. The character type observed has intense, brief relationships, idealizes objects, disregards the realities of marital status, age, socioeconomic differences, and shows a contempt for sex. These patients are euphoric when 'in love'; 'out of love' they are bored, restless, and sometimes depressed with paranoid and suicidal ideas. The hospital 'romance' between patient and doctor is also discussed. Sudden termination of treatment may lead to guilt feelings, shame, anger, depression, and suicide. The problems encountered by therapeutic intervention in the romance are discussed.

LILLIAN MC GOWAN

Psychoanalytic Review. LI, No. 2, 1964.

Work Inhibition in Children. Howard Halpern. Pp. 5-21.

The author gives clinical examples, mostly male, of children who refuse to work and refers to the problem as an 'epidemic of sorts that is plaguing the land'. The causes of the 'epidemic' are: 1, psychodynamic, with the child having intense œdipal fears and still feeling need of his father, and 2, cultural, with

the growth of industrialization, confusion of sexual and social roles, threat of war, and permissiveness leading to irresponsibility. The references in this article do not include Freud's Civilization and Its Discontents.

Truth versus Illusion in Relation to Death. Revella Levin. Pp. 22-32.

Two dying patients in treatment with different therapists are compared and the author makes a plea for 'truth' in dealing with the dying patient. She suggests that by accepting the reality of death the patient can 'control' the manner of dying. Proposals are made about ways to handle the dying patient who is told the truth.

The Mechanism of Conversion Symptoms. Irvine Schiffer. Pp. 33-42.

After clarifying the understanding of the conversion process and the conversion symptom, the author, a pupil of Felix Deutsch, presents four case examples, each with a theoretical summary. The paper is clearly written and is a tribute to his teacher.

On the Sense of Inferiority in Women. Beverly L. Anderson. Pp. 51-62.

The author develops the idea that the little girl is destined to develop, at least temporarily, a sense of failure and inadequacy when she finds that she is not identical to her father who has a penis. Interesting case examples are given, although all of the children discussed have been subjected to a real murderous threat. There is no discussion of the role of the murderous fantasy in children which may lead to a sense of inadequacy.

The Age Game. Mildred R. Newman and E. Mark Stern. Pp. 63-74.

A technique is described that permits the child to regress as long as he keeps within the rules of the game: the 'baby' in the individual has something important to say to the more 'grown-up' part of his personality and if he does not say it, he is not playing the game. Two successful cases where this therapy was used are described.

The Treatment Rejecting Patient. Selwyn Brody. Pp. 75-84.

The author frankly discusses the subject of losing a patient. The emphasis in the article is on the type of patient who systematically and perhaps consciously sets about to sabotage the very person from whom he seeks help. In spite of the term 'treatment rejecting', Brody believes that these patients also want treatment and often cling to the therapist.

Assumptions in Scientific Therapy. Kenneth A. Fisher. Pp. 85-105.

The author has made a comparative historical study of philosophic, theologic, and psychoanalytic thinking as it applies to therapy. Beginning with a description of how Western thinking is based on Greek and Judæo-Christian tradition, he associates this with the elevation of reason that has changed only with the threat of nuclear war. The elevation of reason and science are correlated with some common attitudes toward therapy.

STEWART R. SMITH

Archives of General Psychiatry. XI, 1964.

Color Hearing. Peter F. Ostwald. Pp. 40-47.

The author calls attention to a perceptual phenomenon in which certain individuals visualize a color with the hearing of all sounds. There is a striking exactness in which, for example, each vowel sound is accompanied by visualization of the same color in the same individual. An interesting case is presented. The literature is reviewed back to the seventeenth century, and includes Hug-Helmuth's study of the phenomenon in herself. The process, called synesthesia, involves the referral to multiple sense organ systems upon stimulation of a single sense organ. Psychiatric interest stems from the kinship to imagery, dreams, and hallucinations. The speculation is made that children link their auditory memories with other internally felt sensations, such as tongue and larynx movements. The question whether color-hearing normally accompanies language development or represents a variant with possible later psychopathological implications is seen as deserving further study.

Psychotic Mothers and Their Children. Justin L. Weiss; Henry U. Grunebaum; Ruth E. Schell. Pp. 90-98.

This report represents part of an ongoing research project in which certain hospitalized psychotic mothers were allowed to have their infant child with them and care for him. The hypothesis is that it would be helpful in the recovery of the mother. The importance of this attempt is heightened by the knowledge gained from the study of many workers that show the traumatic effect on young children of separation from the mother. The authors postulate that the period between the child's earliest differentiation of mother as a specific object and the time when he can effect some control over his environment by locomotion and language—from about age four months to age fifteen months—is the time predisposing to serious developmental consequences. In a review of twelve cases, it was precisely the mother of the child in this age group who responded best to the joint admission.

Social Significance of Psychoanalysis and Psychotherapy. Franz Alexander. Pp. 235-244.

In this address, delivered shortly before his death, Alexander points out the difficulties the dynamic therapies are faced with in maintaining goals in the face of societal trends, Thus, he describes the increasing trend in our society toward conformity and 'averageness' as the commodities that are most needed in all facets of our life. He asks if we are not outmoded in working toward individualistic realization for our patients. He answers with a plea for a place in our mass culture for both the healthy and neurotic nonconformists, who constitute the ferment of social progress and change that counteract the move toward stagnation and fixity in our society.

Immobilization Response to Suicidal Behavior. Robert E. Litman. Pp. 282-285.

Litman describes four cases, three of successful suicide, involving a symbiotic relationship between a couple. In each, the survivor reacted to the perception

of the suicide intent in the other with some form of denial and paralysis of action. The survivors recalled recent dreams in which the perception of the suicide intent was clear but the symbiotic tie to the partner resulted in immobilization. In each dream the symbiotic umbilical cord was represented by a rope, a leash, or a telephone. To cut the cord (seek help) was seen as representing death to both.

KENNETH RUBIN

International Journal of Group Psychotherapy. XIV, 1964.

Comparison of Oral and Genital Aspects in Group Psychotherapy. Stanley S. Kanter, et al. Pp. 158-165.

The Division of Legal Medicine of the Massachusetts Department of Mental Health took advantage of the relatively stable prison environment to study three male and three female voluntary groups in respect to the differences characterizing them as oral and genital. The predominantly oral groups were male Negro heroin addicts wishing to rid themselves of addiction, passive demanding females wishing to improve in a general sense, male forgers and robbers desiring improvement, and females recommended to therapy by the authority closest to them. The genital groups were aggressive and promiscuous females and rapists and murderers with long sentences. The content of the oral groups dealt largely with dissatisfaction and deprivations of eating with fear of sadistic control and discrimination against themselves. The genital groups alluded to disturbed controls and inadequate knowledge of sexuality, despite frank references to the subject. In the oral groups there was a loss of ego boundaries and a varying response to reality, which was usually faultily perceived. The genital groups respected each other's individuality. During the first months the members of the oral groups identified themselves with the therapist by copying him, and became more realistic about each other, the outside world, and their own personality deformities. The genital groups became more socially disposed and seemed to understand more about the causes of their own personality defects.

Identification, the Sense of Belonging and of Identity in Small Groups. Saul Scheidlinger. Pp. 291-304.

The author cites various concepts of identification in psychoanalytic writings. Freud and Redl considered groups as numbers of people whose emotional relationships to a central figure, either positive or negative, were a means of relieving internal conflicts. Anna Freud differentiated between identification, the emotional tie between people, and the mechanism of defense of altruistic surrender and identification with the aggressor. Identification is not genital object love but assimilation of an aspect of the external world and an extension of the ego. It involves adaptation to reality, reality testing, the sense of reality, the concept of self, and object relations; it does not involve a pathological engulfment of personality by another object or the regressive replacement of an earlier love object. Identification with the group as a whole with desexualized sublimated group relationships springing from work in common is discussed. While the group is largely an instrument for conscious need satisfaction, emotional support, protec-

tion, and sexual expression on a genetic-regressive level, the group symbolizes a nurturing mother for the individual. A state of psychological unity with others represents a covert wish to restore an earlier state of unconflicted well-being inherent in union with the mother. Ego identity and group identity as conceived by Erikson are viewed as helpful in explaining relationships between an individual's self-repesentation and his group identification.

GERALDINE PEDERSON-KRAG

British Journal of Medical Psychology. XXXVII, 1964.

The Libido Plethora Syndrome: A Clinical Study. Mortimer Ostow. Pp. 103-110.

This work is already familiar to those American readers who have read Ostow's 1962 volume on combining drugs and psychotherapy. In attempting to correlate the effects of psychotropic agents and mental functioning, the author categorizes the changes produced in ego and drive characteristics. In the libido plethora syndrome he describes three main functions: first, the ego supplement, i.e., the energic state of the ego as manifested in various euphoric or dysphoric expressions; second, increased erotism; and third, object relations. The report is based on twelve patients in therapy who were given drugs, and one patient who recovered from melancholia into hypomania after a year in analysis without medication.

A Methodological Approach to the Problem of Obsessional Neurosis. J. O. Wisdom. Pp. 111-121.

This is a metascientific paper which attempts to put into perspective the extensive knowledge of the phenomenon of obsessional neurosis and such hypotheses as there are about it. Reaction-formation and sublimation are described and distinguished by the idea of nuclear and orbital introjects. The author hypothesizes that anal attacking feelings may be used against feces. The process of turning aggressively against the introject of feces to get rid of it by defecation is called 'repugnant' and is considered a normal characteristic to differentiate it from reaction-formation in an abnormal character structure. Wisdom plans to consider further theoretical problems in this area in a future paper.

The Function of Affect. James M. Alexander and Kenneth S. Isaacs. Pp. 231-237.

The primacy of affect in mental life is recalled. The authors discuss the significance of affect and its varied qualities and functioning, and differentiate healthy and pathological affect. Functions of motivation for behavior and integration are also discussed, and the defensive aspects of affective function are described.

HERMAN HIRSCH

NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

November 24, 1964. COMMENTS ON OBJECT RELATIONS IN SCHIZOPHRENIA AND PERVERSIONS. Robert C. Bak, M.D.

In the Abraham A. Brill Memorial Lecture, Dr. Bak examines the question of object relations in schizophrenia and perversions, a subject which provides valuable data for theoretical constructs concerning the early phases of psychic development. Freud's insight into schizophrenia was formulated in terms of libido theory, but currently the emphasis has shifted to the study of the nature of object relations, their development, and their pathological vicissitudes. Maturational sequences have been studied by Mahler, the self-nonself differentiation by Jacobson, and the change from need satisfaction to object constancy by Hartmann. Despite these excellent studies many questions in the area of object relations require further elaboration.

Bak points out that object constancy is not only the capacity to sustain a firm libidinal relationship and the object representation; it also implies a capacity to perceive the object as it is in reality, with a minimum of subjective distortion. Object constancy and a high level of reality testing are linked together and are partially interdependent. Similarly the link between word, symbol, and thing representation is anchored in object relationships and is the prerequisite for comprehensible communication. Object constancy, or the preservation of the object, requires an alteration of aggressive impulses, raises the threshold of frustration tolerance, and changes the patterns of gratification. A high level of object relationship decreases ambivalence, allows operation of more stable defenses, and permits sustained interests and work habits less damaged by drive pressures. This develops only when there is complete separation of self from object, and early fused identifications remain successfully repressed in the archaic layers of the id. Object constancy in this sense is the phenomenological basis of ego strength and is dependent on neutralization.

The preceding formulation is borne out by an examination of schizophrenia in which the early history reflects marked passivity and poor object constancy. The onset is marked by further withdrawal and the first pathological symptoms are most frequently hypochondriacal in nature and related to problems of sexual identity. Poor instinctual control leads to aggressive outbursts and to inappropriate sexual advances. Prodromal thought disorders occur, such as inability to concentrate, blocking, crisscrossing of thoughts and automatic recollections. Thoughts first become audible and later hallucinatory, apparently replacing the lost object relationships. Crude sexual impulses appear as frantic efforts to maintain object relationships. These symptoms do not fit into the usual schema of psychoneurotic symptom formation, in which there is a compromise between instinctual impulses and ego defenses; they are better understood as a consequence of deneutralization and dedifferentiation.

The pathognomonic 'experience of significance', or primary delusion of reference, in which significance is attached to random percepts, sustains this formulation. The content or possible symbolic interpretation of the idea of reference is less important than the form of the experience. Hartmann describes this as a basic disturbance in the denominational function of the ego. The content draws on the instinctual life but no plausible experiential basis, nor any genetic prototype of the symptom, can be reconstructed. It is a uniquely schizophrenic experience: in metapsychological terms there is an empty overcathexis of the cathectic function, without objects, aim, or purpose. As a consequence, thing representations are used unselectively in lieu of objects in synthetic efforts.

Another outstanding derangement of object relations is evidenced by the symptom of transitivism, in which a loss of ego boundaries occurs and where there is no clear distinction between one's own body and that of the object. The symptom occurs as a result of regression and the relation to objects takes place at the symbiotic level of self-nonself undifferentiation. In the schizophrenic object representations appear to be destroyed or regressed to the physiological forerunners. The autistic child is the clinical-pathological example; inborn differences in ego equipment and drive endowment operate, as well as conditioning experiences in the mother-child relationship and variations in the threshold of the 'stimulus barrier'. Painful impingement of stimuli may act continuously against the maturational development leading to separation-individuation. Not all schizophrenics regress to this most primitive self-object dedifferentiation. Paranoid delusions occur in those where the object relationship, though pathological, is nevertheless preserved.

The author believes it is unlikely that the homosexual impulses so regularly seen in paranoid schizophrenia are etiological. Homosexual conflicts and their delusional elaboration are consequences of the process, rather than causative. The schizophrenic process undoes repression, destroys highly developed object relations, and lays bare the whole array of pregenital impulses and primitive ego states. The deeper the regression, the less experiential basis for the contents of the delusion; ultimately only generic fantasies remain. The schizophrenic process illustrates Freud's comment that 'secondary or induced disturbances of libidinal processes may result from abnormal changes in the ego'.

The perversions are neither the negative of the psychoneuroses nor of the psychoses. They should also not be distinguished, as Glover maintains, on the basis of quantitative differences in the strength of the sadistic drive. This formulation emphasizes simple causality derived from the psychoneuroses, where instinctual conflict is of greater significance than ego disturbance. The alternative and more complex causality takes into account the interrelationship of simultaneous disturbances in ego functions and object relations. Transient perverse actions in schizophrenics with self-object dedifferentiation are considerably different from well-organized perversions in people with considerable ego integrity and well-developed object relations. A case is presented of a young man with transvestitism, whose infancy until the age of eighteen months was free of noxious imprints. There were also quiet periods in childhood which allowed the development of autonomous ego functions and adequate separation-individuation with relatively stable object relations. Although the phallic phase was in-

vested there remained a considerable lack of ability to separate from the loved object. This was due to prolonged skin contact and visual excitation in relation to both parents, which resulted in skin erotization, clinging, and a strong body-phallus equation. The major trauma reconstructed in the analysis—repeated seductions by his sister—was used by the ego in the defensive process.

In summary, Dr. Bak emphasized that instinctual conflicts are not pathogenic but are secondary in the etiology of schizophrenia. The primary defect is a deficiency in the autonomous functions of the ego. Specifically these involve investment in object representations, the formation of psychic structure, defensive functions, and the maintaining of a protective stimulus barrier. Early traumatization, which adds to the defect in forming adequate object representations, also contributes to fused self-object relationships. This implies a basic qualitative difference between the schizophrenic process and the neuroses, the perversions, or incidental psychoses. The latter may show a temporary abandonment of object representations, but not their abolishment, such as occurs in the schizophrenic illness. In the true perversions, in contrast to perverse activities in the schizophrenic, the object representations are retained, in spite of fused body image or confusion in genital representation.

WALTER A. STEWART

December 15, 1964. DREAMS IN WHICH THE ANALYST APPEARS UNDISGUISED: A STATISTICAL STUDY. Milton Rosenbaum, M.D.

The purpose of this paper is to correct what the author feels are some commonly held misconceptions about the significance of dreams in which the analyst appears undisguised. From his own experience and from discussion with colleagues, Dr. Rosenbaum believes that such dreams are rather infrequent. Most writers in the rather limited literature on the subject have concluded that these dreams portend a poor prognosis as well as a difficult analysis when they occur early in treatment, and significant countertransference problems if the phenomenon occurs later in treatment.

Dr. Rosenbaum conducted a statistical study designed to support or refute previously reported implications of such dreams. Questionnaires were completed by twenty-two psychoanalysts, only one of whom was a woman, on twenty-two male and twenty-two female patients. The most significant finding was that in a total of over seventeen hundred dreams, the analyst appeared undisguised in about nine per cent. Only four patients reported no dreams in which the analyst appeared undisguised. In the initial analytic hours there was an apparent relationship between an unusually intense transference state and a greater frequency of dream reporting, but this was not statistically significant. The opposite trend was found in the terminal analytic hours and was considered statistically significant. In female patients intense transference was associated with frequent dreams in which the analyst appeared undisguised, and they had more such dreams than did the male patients. There seemed to be an inverse relationship that was not statistically significant between the existence of countertransference phenomena and both the frequency of dreaming and the occurrence of these dreams in the terminal hours. The presence of countertransference prob-

lems with male patients was associated with a tendency toward a reduced rate of dreaming; in female patients the reverse was true in the initial hours, but the rates were equal in the terminal hours. No relationship was found between dreams in which the analyst appears undisguised early in the analysis and the outcome of treatment.

Although he recognizes the limitations of and the resistance of analysts to such a statistical approach, Dr. Rosenbaum emphasized the relative validity of the findings that there is such a high percentage of dreams where the analyst appears undisguised. More important is that the study indicates that such dreams have no prognostic value, in contrast to the reports of Blitzten, Gitelson, and Rapaport. Further, the findings do not indicate that the appearance of the analyst undisguised in the first dream is associated with an erotic transference, as reported by Rapaport, or that the phenomenon is increased in the terminal phase and is related to separation problems, as reported by Harris. The only statistically significant finding in the study was that there is a decline in frequency of reported dreams in the terminal hours in the presence of an intense transference, in contrast to a greater frequency of reported dreams in the first hours of treatment. Dr. Rosenbaum postulates that this finding may be related to resistance and suggests that there is a greater need to please or give something to the analyst in the early phases; the reverse trend would suggest resolution of these infantile wishes.

DISCUSSION: Dr. Charles Fisher felt that Dr. Rosenbaum's method could serve as a model for the investigation of simple problems. However, he pointed out that this method tends to disregard individual differences between patients and between analysts treating different cases. Not all analytic data, even though obtained from well-conducted analyses, are comparable. The significance of such dreams occurring more frequently than the 'normal' incidence is questionable. It could be argued that the failure of this type of dream to occur has a poor prognostic significance; in Yazmajian's four patients who reported no dreams of this kind, one showed no change, one made slight progress, one discontinued treatment, and one made satisfactory progress. Many factors may influence the occurrence of such dreams: they may represent normal phenomena or they may have pathological significance.

Dr. Richard Yazmajian cautioned against the statistical approach and emphasized the importance of understanding such dreams in terms of the patient's past and the current transference situation, as well as the type of neurosis. He cited a case where the appearance of the analyst in the dream served as a screen memory of observing the father's penis; it represented an attempt to treat the analyst as a real person so as to avoid investing him with symbolic importance. Like all psychic phenomena, Dr. Yazmajian assumes that these dreams have a variety of meanings.

Dr. Rudolph Loewenstein agreed that the negative results obtained in this statistical study were significant, but felt that some dreams of this type reflect unresolved transference problems. He also pointed out that Gitelson emphasized that the analyst was actually the analyst and not a substitute for someone else. The specific case described by Gitelson involved a transference problem pre-

cipitated by the fact that the analyst denied to the patient (a candidate) that he was angry when the candidate did not attend one of his seminars. After the dream occurred, Gitelson admitted to the patient that he may have been a little angry. The candidate then recalled that it was characteristic of his mother not to tell the exact truth, and the analysis proceeded smoothly. Nevertheless, it is a fact that the analyst is always concealing his reactions to some degree, so when the analyst appears undisguised it may mean that the patient has perceived a real element in the analyst.

Drs. Robert Bak and K. R. Eissler also emphasized that this type of dream must be interpreted in the context of the situation and that it probably has no special prognostic significance.

Dr. Rosenbaum concluded by stating that there is no such thing as a single, isolated pathognomonic sign. He was aware that Gitelson had made his statement in the context of the background and history of his patient, and did not mean to imply that he had formulated a simple rule for establishing a prognosis or invariable meaning in therapy.

PAUL H. BRAUER

MEETINGS OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

November 16, 1964. THE RAT AND THE TOOTH: A STUDY OF THE CENTRAL CLINICAL SIGNIFICANCE OF OVERSTIMULATION. Leonard Shengold, M.D.

Patients who have been overstimulated as children (seduced and beaten) present certain similar characteristics as a result of a need simultaneously to repeat and ward off past traumatic experiences. They tend to become involved in sadistic experiences of overstimulation both as tormentor and as victim. Much of the feeling evoked by these experiences is cannibalistic: it involves a particular kind of rage in which the person, beside himself with overexcitement, is both subject and object with wishes to bite and destroy. In analysis these wishes are often expressed in associations to the rat, whose teeth, invasiveness, and destructiveness are the sources of its power over man's imagination. Freud's classic study of the Rat Man is reviewed, as well as the story of the rat torture in Mirbeau's Torture Garden (which Shengold believes may be the literary source of the tale that obsessed the Rat Man).

The destructive impulses and the terror of annihilation associated with the overstimulated state of the child are defended against by massive, crippling means such as an intense isolation from all feelings, a need to lie to oneself in order not to consummate the knowledge of the terrible past. The superego can be shattered by the simultaneous need to repeat the seductions of the past and the deep unconscious need to punish the self and spare the parent. This is seen especially in relation to the seduction of children by psychotic parents where the traumatic events have to be denied as the very parent who inflicted the damage is turned to for rescue.

These patterns are illustrated clinically. Speculations are made on the basis of overstimulation as a central phenomenon in normal development. The importance of experiences at the time of teething and the psychological importance of the teeth are examined. Eruption of the teeth is seen as one of the sources of 'material projection', and the access of aggression at the time of teething is hypothesized as one primal trauma. The terror of overstimulation and the feelings of imminent ego annihilation that the child seems to feel during the period of tooth eruption are viewed as part of the matrix of castration fear.

DISCUSSION: Dr. Maurice Friend was impressed with Dr. Shengold's pursuit of the development of oral-sadistic drives and with the idea of teething as a partial prototype of trauma. He stressed, however, the in-built ego capacities and those which evolve for adaptation, described by Hartmann and Rapaport, as evidence against an oral passive receptor which, with dentition, may be traced to an upsurge of aggressive drives. He also observed that as teething does not occur only at one time, one might disagree with Dr. Shengold on the timing of trauma. There are several other varieties of traumatic stimuli—fatigue, throat infections, etc. In the human organism there is a tendency to discharge with stimulation, so the baby cries, a function of the oral 'stoma'. With the emphasis on teething, not enough attention is focused upon the state of the ego as aggression arises. Also, ego dissolution is importantly connected to object loss, as shown in Mahler's stages of individuation until two and a half years. The capacities for infantile rage are important ego elements, interrelated with the traumatic effects of teething and the aggressive drive. Dr. Shengold's paper stimulated further thoughts about early and related aspects of the basic undifferentiated state, oral-sadistic libidinal concepts.

Dr. Mark Kanzer felt Dr. Shengold's correlations between undischarged tensions, the feeling of being gnawed or eaten, universal unconscious teething memories, and the rat as symbol were of great interest. Like Dr. Friend, he cautioned against the dangers of the prototype concept and a too one-sided genetic approach. Trauma is a complex economic, adaptive, and functional phenomenon. He felt Dr. Shengold's formulation: 'trauma is a passive cannibalistic experience' invited a converse conclusion. As for the rat as symbol, there are equivalent representations of oral sadism.

Dr. T. C. Sinha felt that to derive cannibalism from teething trauma overemphasized the latter. The cannibalistic tendency cannot be limited to biting alone; for instance, the infant's attempt in nursing to rob mother of her bodily contents. He suggested that teething accentuates oral aggressive tendencies which have their root in the earlier oral-anal period. In certain Indian legends, some benevolent features are attributed to the rat.

Dr. Mellita Sperling was also impressed with Dr. Shengold's stress upon the traumatic experience of overstimulation as a passive, cannibalistic phenomenon. She spoke of the need for confirmation of this thesis with more clinical observations and offered some examples.

Dr. Jan Frank felt too much emphasis was placed on rat symbolism. He stressed the sinister aspect of the rat, zoophobias in children, and their fear of biting animals. Overstimulation depletes the immature ego which has no apparatus to

satiate itself. There is a dialogue between child and mother which is important in establishing ego functions. A split in the ego, due to overwhelming trauma, may result in a certain affinity for transitional objects and fetishism. The fetish then serves defensively to ward off disintegration of structure.

In conclusion, Dr. Shengold said that he did not wish to overemphasize the importance of teething. In contrast to Dr. Sperling's cases which involved psychosis and perversion, his two cases suffered from severe character disorders. Clinically, he said, one would have to 'feel' the aura of cannibalism.

JEROME S. SILVERMAN

November 30, 1964. A BRIEF SKETCH OF MIND IN PSYCHOANALYSIS AND YOGA. T. S. Sinha, D.Sc.

An attempt is made to compare the aims and theoretical assumptions of psychoanalysis and the Yoga philosophy of the Samkhya School. Dr. Sinha discusses briefly the different concepts formulated by the Samkhya School. There are two eternal entities: 1, *Purusa* (the unchangeable consciousness), thought of as male; and 2, *Prakiti* (the changeable, eternal nonconscious), thought of as female. Western psychologists describe mind, in contrast to the Samkhya concept *mana*, not as having a separate existence but as the sum total of the mental processes. *Samskaras* (latent memory impressions with an active tendency to find fulfilment of desires) are produced by wishes and carried over into the next incarnation. Mental states, perceptions, capacities, memories, and desires are outlined in terms of Yoga concepts. The Yoga system seeks to eliminate sorrow and suffering by the realization and rediscovery of the nature and range of creation, thereby extracting the ego from involvement with external objects and internal cravings. The attainment of this is a positive experience of 'joy'.

Similarities and differences in the concepts of the mind according to Yoga and to psychoanalysis are: a loose correspondence between the concept of bisexuality in psychoanalysis and the bisexuality of *purusa* and *prakiti*; no topographical division of the mind in Yoga equivalent to the structural division of ego, id, and superego. There are similarities between the inherited traits and drives that Freud postulated in the id, and the inherited, unresolved, driving tendencies known as *Sanskara*. The pleasure-pain principle of Freud is acknowledged by Yoga only to a limited extent. Yoga aims at true liberation of the ego from the bondage of imaginary and false relationships with objects, and from the values of the world colored by desires. There is a similarity to the analytic aim of liberation of the ego from pathological complexes. According to Yoga, however, a full liberation of the self is not possible as long as the body exists. Yoga, like psychoanalysis, aims to eliminate false values and to attain mental tranquility and joy in life.

DISCUSSION: Dr. Samuel Orgel suggested that the desire for self-control in Yoga is derived basically from the infant's wish to attain sphincter control. Gratification in Yoga seems to lie in a renunciatory striving for perfection in the hope of discovering absolute reality. Psychoanalysis, on the contrary, attempts to soften

the demands of the superego; specifically, it tries to change the perfectionistic goals of the obsessional patient and to abolish the need for ritual. Yoga would seem to devaluate object relations in striving for a state of tranquility, designated as joy. Psychoanalysis, with less lofty aims, does not expect to free man from all passions nor from his relations to the outer world.

In closing, Dr. Sinha stated that he was not presenting a polemic in favor of Yoga but intended only to point out similarities and differences between psychoanalysis and Yoga. He suggested that there were some areas in which exploration might be beneficial to analytic theory.

LEONARD L. SHENGOLD

December 14, 1964. ON ALTERATION IN THE STATE OF CONSCIOUSNESS AND ITS DEFENSIVE FUNCTION: A HYPNOID STATE. Robert Dickes, M.D.

The author suggests that certain phenomena, usually termed fatigue, drowsiness, or sleepiness, are actually manifestations of a hypnoid state which is a special alteration in the state of consciousness and should be distinguished from hypnagogic phenomena, fugue states, etc. The hypnoid state is not uncommon during an analytic hour and may be noted also in other life situations which involve the patient in a struggle with unacceptable sexual and aggressive impulses related to repressed memories. Dr. Dickes described several severe cases where the hypnoid state was used defensively by patients exposed to major trauma in childhood. The recognition of the defensive nature of the alteration in consciousness does not obscure the fact that it may also signify a fantasied gratification of an underlying wish, since all symptoms represent both drive and defense.

A theoretical discussion of the hypnoid state included consideration of classical hypnosis and sleep. Sleep, hypnosis, and hypnoid state may be phenomenologically similar, but the term 'sleep' should be reserved for true sleep and a qualifying term should be used to identify the route by which the sleep state has been reached. Freud and Ferenczi considered hypnosis distinct from sleep, emphasizing the unconscious intrapsychic factors. The hypnotic relationship depends on a parent-child relationship of love or fear, with convictions of infallibility and omnipotence. Classical hypnosis, however, may aid discharge of affect and recovery of memories, while the hypnoid state prevents this. Autohypnosis more closely resembles the hypnoid state and is related to an internalized parent-child relationship. Freud discovered that the hypnotist replaced the superego of the hypnotic subject, pointing to the important role of the superego in instigating both hypnosis and hypnoid state. While it is wise for the present not to equate hypnosis with hypnoid state, the latter may be the more general and classical hypnosis is perhaps a special category of hypnoid state.

Clinically the hypnoid state can be noted to range from the mildest, almost imperceptible interference with normal alertness to a deep sleeplike state. This alteration in normal alertness can be observed in other cultures as well as our own. For instance, in Bali hypnoid phenomena are acceptable manifestations of behavior. The Balinese mother continuously stimulates her child to show emotion but as the child responds, she suddenly turns away and leaves him frustrated. The trancelike withdrawal in relation to sexual affect of the Balinese

is similar to the hypnoid withdrawal seen in patients who were overstimulated in childhood. Similar alterations in consciousness may be observed in Shamans and other religious devotees.

Finally, the author states that the hypnoid state is so ubiquitous that it is difficult to classify all such reactions as necessarily pathological. In analysis, it constitutes a serious resistance and may be a countertransference manifestation as well.

DISCUSSION: Dr. Frank Berchenko does not doubt that the altered states of consciousness described are instigated for defensive purposes by the superego, but these are similar to other defenses involving a structural conflict. The sleep or trancelike states observed in the Balinese he believes to be adaptive behavioral patterns in reaction to the mother-child relationship and child rearing techniques. The universality of such a reactive behavioral pattern in a culture with a specific child rearing technique suggests that it originates from innate neurophysiological patterns. Dr. Berchenko does not think that so sharp a distinction should be made between the phenomena described by Dickes and the processes of falling asleep and sleeping.

Dr. Max Stern stressed the importance of distinguishing between the hypnotic and the hypnoid states; they are different in structure and effect. Underlying both is the state of quiescence (Spitz), a stupor reaction which is a response to overstimulation. But it leads to different results.

Dr. Melitta Sperling questioned whether the hypnoid state is a defense or a symptom in the transference which should direct the analyst to check both the transference and the countertransference. She wondered about the role of intense voyeuristic-exhibitionistic impulses in such situations, with unconscious repetition of primal scene experience. Under the guise of sleep the subject of the hypnoid state is permitted gratification of these impulses and a reliving, regressively, of childhood experiences. Dr. Sperling felt that the hypnoid state may reproduce aspects of the early nonverbal relationship to the parent.

Dr. Sandor Lorand noted that Ferenczi had characterized hypnoid states as a conversion symptom in the transference. There is a defensive aspect to sleep states on the couch, and they are a resistance in the sense that anything which interferes with the analysis is a resistance. Such patients on the couch behave like Balinese children, avoiding frustration and rage through hypnotic evasion. The hypnoid state is actually a symptomatic action, often of a transitory nature. On an œdipal level there is incestuous sleep with the analyst, but behind this is an oral symbiotic fusion. The infantilism is further expressed by the delegation of all responsibility to the analyst-hypnotist.

Dr. Moisy Shopper has observed patients in which the hypnoid state was not transitory; it appeared to be a method of soothing the self and achieving release from stimulation. A primary fusion with the mother may be more important than the superego in the genesis of this ego state in early childhood. The hypnoid state may be related to the stimulus barrier, the concept of cumulative trauma, and the shocklike reaction to trauma. There are individual constitutional differences in the capacity of infants to maintain stages of awareness, which may well have a bearing on the choice of this defense.

Dr. Jan Frank felt that altered ego states cannot be emphasized too much. Creative thinking acquires extreme oscillations among ego states, including states of awareness. While altered ego states of awareness may serve as a resistance to insight, there may be a facilitating function to cognition and integration in certain types of hyperalert but altered states of consciousness.

Dr. Max Schur commented on Dr. Dickes showing a continuum between the various depths of the hypnoid state and the various stratifications of defense. Three classical types of danger situations can result in hypnoid states, but the defenses are more complex in those instances where superego is involved. The fluctuating levels of defense demonstrated in the paper include denial and projection. Dr. Schur noted that in The Interpretation of Dreams, the prototype of defense is described as the decathexis of the memory of the experience of an external fright. He observed that Freud's 'ostrich' prototype would today be described as denial.

In conclusion, Dr. Dickes noted that he had been aware of defense, symptom, and gratification. All symptoms are compromises, with multiple functions. The gratification in hypnoid states is only in fantasy and, because of the manifold implications, only the defensive aspects were chosen for elaboration and discussion. Terminological problems might be resolved if all such ego states were subsumed under types of sleep. Hypnoid states are similar to falling asleep but are not identical. He would prefer using the term 'hypnoid state' rather than 'sleep state'. As a defense the hypnoid state is in the primitive category from both a genetic and dynamic point of view and may be closely related to denial. It usually functions in conjunction with other defenses. The choice of defense in hypnoid states may well be related to inborn constitutional givens but the whole problem needs further research.

HAROLD P. BLUM

The COLUMBIA UNIVERSITY PSYCHOANALYTIC CLINIC FOR TRAINING AND RESEARCH is celebrating its Twentieth Anniversary on October 30, 1965, at the Waldorf Astoria Hotel, New York City. A scientific and social program is planned. For further information write: George S. Goldman, M.D., Director, 722 West 168th Street, New York City 10032.

ERRATUM: In the book review of *Modern Perspectives in Child Development*, edited by Albert J. Solnit and Sally A. Provence, This QUARTERLY, XXXIV, 1965, p. 294, lines 13-15, the authors of the paper concerning collaboration between pediatrician and psychiatrist in adolescent suicidal crises were incorrectly named. The paper was written by Melvin Lewis and Albert Solnit.

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THE INTERNATIONAL JOURNAL OF GROUP PSYCHOTHERAPY is the official publication of the American Group Psychotherapy Association, Inc. It is published quarterly, in January, April, July, and October, by International Universities Press, Inc.

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MOTHER-CHILD INTERACTION DURING SEPARATION-INDIVIDUATION

BY MARGARET S. MAHLER, M.D. and KITTY LA PERRIERE, PH.D.
(NEW YORK)

THEORETICAL DISCUSSION

The first weeks of extrauterine life of the infant were designated as the stage of normal autism by Mahler. This normal autistic phase,[1] from birth until about the second month of life, corresponds to the 'undifferentiated phase' of Hartmann, Kris, and Loewenstein *(4)*. During this phase there is no discernible distinction for the infant between inner and outer reality, nor does there seem to be any distinction for him between himself and his inanimate surroundings.

As the infant gradually passes into the symbiotic phase, he seems to become dimly aware that what relieves his instinctual tensions (hunger and other needs) comes from the outside world, whereas painful accumulation of tension is generated within himself. For this dim recognition to exist there must be, during the symbiotic phase, some rudimentary differentiation of the ego. In the intrapsychic organization of the infant, the boundaries of self and mother are still more or less confluent and fused. They are distinct for him when he is, for a short time, in a state of affect hunger *(7)*, and they disappear again when he experiences gratification and satisfaction.

At the end of the fifth month and during the sixth month, we observe the infant's gradual emergence from the symbiotic

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Presented at the Symposium on Research in Mother-Infant Interaction at the Annual Meeting of the American Orthopsychiatric Association, Chicago, March 1964.

This paper is based on research supported by Grant #MH08238, of the National Institute of Mental Health, which is carried on at the Masters Children's Center, New York.

[1] Many objections have been raised to this term, which Bleuler reserved for a severe pathological state. In the present context it conveys the meaning that there is no polarity between the self and any object.

stage of dual-unity. But just before this, at the peak of the symbiotic stage at around five months, we can note the beginning of the next phase: *separation-individuation*. Preliminary studies *(9, 11)* have led to tentative descriptions of four characteristic subphases of separation-individuation, which we hypothesize occur in all normal infants *(10)*.

1. The first subphase of the individuation process, *differentiation*, begins at the age of five or six months, and lasts for the next four or five months. It is characterized by decrease in bodily dependence on the mother, which has hitherto been total. This subphase coincides with the maturational growth of locomotor partial functions, such as creeping, climbing, and standing up. The child now also begins to look beyond his immediate visual field (scanning) and makes progress in coördination of hand, mouth, and eye; he begins to express active pleasure in the use of his entire body, shows interest in objects and in pursuit of goals, and turns actively to the outside world for pleasure and stimulation. Primitive sensory-motor investigation of his mother's face, hair, and mouth are characteristic of this period, as are the peek-a-boo games initiated by his mother and then taken over by the infant. These emerging functions are expressed in close proximity to the mother, and the child seems chiefly interested in his own bodily movements and in his mother. This is particularly clearly shown by the fact that the young baby, up to ten months, prefers to play around his mother's feet, a preference made manifest by his much better functioning and consistency of mood when he is near his mother.

2. The second subphase of separation-individuation is *the practicing period*. It overlaps the previous subphase, beginning at any time after the tenth month and lasting until about the fifteenth month. The child now steadily increases his practicing of motor skills and exploration of his expanding environment, both human and inanimate. This is true whether the infant has started to toddle or is in the process of becoming proficient in ordinary crawling, righting himself, or paddling

around rapidly, using his entire body in a belly crawl. The main characteristic of this subphase is the great narcissistic investment of the child in his own functions and his own body, as well as in the objects and objectives of his expanding investigation of reality. He is relatively untroubled by knocks and falls and other frustrations, such as having a toy grabbed away by another child. Familiar adults are usually accepted as substitutes for his mother, in surroundings to which he is accustomed. (By contrast, he will change greatly in this respect during the next subphase of separation-individuation.)

With maturation of his locomotor apparatus, the child begins to venture further from his mother's feet, and is often so absorbed in his own activity that he seems oblivious to her for long periods of time. However he returns to her periodically, seeming to need 'emotional refueling' *(11)* by physical contact with her. In this second subphase he crawls to his mother, rights himself on her leg, and touches her, or merely stands leaning against her leg. His striving to explore and, as Greenacre puts it, his 'love affair with the world' *(2)* last for only short periods of time; they wane as soon as he becomes tired, and he then again needs to 'refuel' by being near his mother.

3. The third subphase, *rapprochement,* begins as the child becomes able to walk, and lasts from about fourteen to about twenty-two months. As he masters locomotion, the infant becomes aware that he is now able and destined to move away from his mother. This creates in him both pleasure of mastery (differing in degree in different children) and separation anxiety. Early in our study it was recognized that small amounts of separation anxiety promote the process of individuation.[2]

By the middle of the second year, when the infant has become a toddler, he grows more and more aware of his physical

[2] The beginning of the well-known negativistic phase (of which rudiments can be detected as early as the middle of the symbiotic phase [Cf. *17*]) is also relevant to the child's tendency to disengage himself from his symbiotic tie with his mother. This tendency culminates in the second year of life in the somewhat stereotyped gestures and expressions of 'No!' *(16)*.

separateness. With this awareness, he begins to lose his previous resistance to frustration and his relative obliviousness of his mother's presence. We hypothesize that the great narcissistic investment demanded by the practicing period is no longer required once mastery is achieved, and libido can therefore be redistributed and directed toward objects. A little fear of object loss can be observed—just enough for the toddler to seem suddenly quite surprised by his separateness. We see this, for instance, when he hurts himself and discovers, to his perplexity, that his mother is not automatically at hand.

During the whole period of separation-individuation, but especially during the subphases of practicing and rapprochement, maturation of the mental apparatus, particularly of the motor apparatus and of cognition, makes the ego of the infant and toddler aware of separateness. He is therefore faced by the necessity of emotional separation from his mother just at the time when he must cope with an expanded outside reality. And all this occurs in the midst of the psychosexual conflict. Relative obliviousness to his mother's presence, which is characteristic of the second subphase, the practicing period, is replaced by active approaches to her. A seemingly constant concern with mother's whereabouts characterizes the third subphase. As he becomes aware of his ability to move away from mother, the toddler seems to have increased need and desire for his mother to share with him every new acquisition of skill and experience. For this reason we call the third subphase the period of rapprochement.

Incompatibilities and misunderstandings between mother and child can be observed even in the average mother and her normal toddler. In the subphase of rapprochement, the toddler's renewed active wooing and demand for his mother's constant participation seems to her contradictory. While he is now not as dependent and helpless as he was six months ago and seems eager to become even more independent, he nevertheless insistently expects the mother to share every aspect of his life. During this subphase some mothers cannot accept the

child's demandingness; others are troubled by the fact that the child is becoming increasingly independent and separate.

This third subphase demonstrates with particular clarity that the process of separation-individuation has two complementary parts: one, individuation, the other, separation. Individuation proceeds very rapidly, and the child exercises it to the limit. Yet as the child becomes aware of his separateness, we observe how he tries to cope with it by experimenting with actively moving away from and moving toward his mother. The quality and amount of this experimentation is one of the best clues for assessment of the normality or deviation from normality in the separation-individuation process. One significant characteristic of the third subphase is the great emotional importance for the child of sharing with his mother, so that the degree of his pleasure in independent functioning and in ventures into his expanding environment seem to be proportionate to, and dependent on, the degree to which he succeeds in eliciting his mother's interest and participation. Whether or not the wooing behavior of the toddler may be considered normal depends on the history of the previous subphases, as well as on the mother's reaction to the rapidly individuating toddler and her communication with him during this period of rapprochement.

The first signs of directed aggression during this subphase coincide with the anal phase; so do growing possessiveness toward the mother and impulsive acquisitiveness. It is at this period that the toddler's need is specifically for his mother; substitutes are not easily accepted, particularly for physical contact. Another important characteristic of this subphase is the beginning replacement of vocalization and preverbal gestural language with verbal communication. The words 'me' and 'mine' have great affective significance.

Signals of potential danger are several: unusually great separation anxiety or 'shadowing' of the mother, or the opposite, a continual impulse-driven darting away from her with the aim of provoking her pursuit, and excessive disturbances of

sleep.[3] Because the separation-individuation struggle is at its peak in the third subphase, falling asleep is like a regression and is an experience of separation; hence, disturbances in falling asleep are indicators of the child's progressive individuation and of his defense against the threat of symbiotic fusion represented by sleep *(8)*.

4. The fourth subphase is characterized by unfolding of complex cognitive functions: verbal communication, fantasy, and reality testing. During this period of rapid ego differentiation, from about twenty or twenty-two months to thirty or thirty-six months, individuation develops so greatly that even a cursory description of it exceeds the scope of this paper. Suffice to say that establishment of mental representations of the self as distinctly separate from representations of the object paves the way to object constancy *(10, 12)*. The actual continual presence of the mother is no longer so imperative.

CLINICAL ILLUSTRATIONS

Although our study[4] is focused on children five to about thirty months old, we prefer to begin to observe mother and child as early as possible—at an age somewhere between four weeks and two months. Understanding the early interactions and adaptive patterns of the normal autistic and symbiotic periods helps in assessment of the progress and vicissitudes of the ensuing phases of separation-individuation.

Charlie, a full-term but in many ways an immature infant, was brought to the Center by his mother when he was approximately four weeks old. At seven weeks, his neurological status was estimated as more than two weeks less mature than expected at his chronological age, but his potential endowment appeared to be well above average.

His mother had participated in our research with her first child, a pretty, precocious, and eminently verbal little girl

[3] Transient disturbances of sleep are characteristic of the second year of life *(11, 15)*.

[4] For a description of the setting and methodology of the research from which these observations are derived, see Pine and Furer *(14)*.

who gave her mother much narcissistic satisfaction and whom the mother treated as a cherished and 'better-than-I' part of herself. With her infant son, on the contrary, we found this mother anxious, awkward, listless, markedly depressed, and perplexed in her attempts to understand his cues.

Charlie's immaturity was observed in the slow differentiation of waking and sleeping, in his inconsistent rhythm of hunger and satiation, and in his undirected, vague, and diffuse patterns of discharge. These characteristics of the normal autistic phase persisted in Charlie well into the symbiotic phase, not only because of his immaturity at birth but also because of his mother's inability to become predictable in her ministrations to him. We know that the infant learns to discriminate the object world and the difference between inside and outside through the observation that when inner tension mounts, only limited relief can be provided by discharge from within; that to be really satisfactory, relief must come from an outside source.

Charlie's mother was unable to respond to many of his cues; if she responded at all it was to interpret a wide variety of cues, such as crying, squirming, or whining, as 'Charlie wants to be fed'. Every so often, because of her own anxieties, she would push the bottle into the mouth of the sleeping infant, thereby contributing to the child's difficulties in establishing a more distinct pattern of sleep and wakefulness. The infant nursed from the bottle for long periods without reaching satisfaction, at times without even being permitted to drop off to sleep, as his mother would thrust the bottle vigorously into his mouth and move it rhythmically in and out. She was incapable of using her body to comfort him; for instance, she was never observed cradling him. As the result of all this, Charlie could not be easily calmed; even when he advanced in age to the peak of the symbiotic phase, he seemed to continue, well into his fifth month, to respond mainly to enteroceptive-proprioceptive stimuli.

Interviews with this mother disclosed her fear that the sleep-

ing infant might have died, which caused her to wake him frequently and to keep him awake by means of feedings. An excessively small nipple hole, through which very little milk could be obtained, was deliberately used to prolong the feedings, which were made to last one or two hours. The child's mother openly complained of the burden of caring for this small, inadequate infant, and she expressed her concern over his immaturity, which she contrasted with the very satisfactory babyhood of her older daughter. (Since we did not observe the sister before the peak of her second subphase, we do not know whether the mother retrospectively distorted the history of the child's earliest months.)

The relationship between Charlie and his mother improved dramatically when the infant was about four months old. At that time, a maturational spurt seemed to provide Charlie with internal mechanisms for reduction of tension, so that he no longer depended solely on comforting by his mother. Her depression lifted as her anxiety about her son grew less. By the age of five months, Charlie had developed an adaptive pattern of holding himself rigidly straight, not molding himself against anyone who held him. His motor development was accelerated. The closeness of the tie between mother and infant was apparent during the entire symbiotic phase in their parallel shifts in mood, appearance, and functioning. Charlie's motor and perceptual alertness on any particular day reflected his mother's affective state. For example, when he was six months old, at the peak of the normal symbiotic phase, his mother's depression recurred. Once again the baby's development suffered a setback, as reflected in his increased signs of discomfort and psychosomatic manifestations, such as skin rash and upper respiratory afflictions.

Charlie and his mother are an illustration of the circular nature of the interaction between mother and child, which—as we predicted and subsequently have observed—fall within the broad range of average, normal relations of mother and infant.

Consideration of two mothers and their infants illustrates the first subphase of separation-individuation, *differentiation.*

Bernie had had a blissful early relationship with his mother who seemed to find great fulfilment in breast-feeding her infant. For reasons related to her guilt feelings toward her first son (which cannot be elaborated here), she abruptly and impulsively weaned Bernie to the bottle. The weaning brought about a marked change in the mood of the symbiotic relationship. At first the infant insistently and fretfully rooted about for the lost breast, while the mother desperately denied the obvious reaction to the weaning trauma suffered by the infant. The radiance and contentment that his mother had exhibited during the breast-feeding gave way to listlessness and apathy, while the infant in turn became fretful, listless, and apathetic. The happy, smiling, well-molding infant at the breast became a passive, nonmolding, sacklike baby. It is interesting to note that in the arms of the participant observers this infant felt quite different from Charlie with his rigid postures and Stuart who, as we shall see, adapted and molded so well.

The generally difficult interaction of Bernie and his mother was favorably affected by each maturational spurt of the infant's autonomy. Bernie showed great interest in locomotion: he practiced such activity as crawling or pulling up with great pleasure and persistence. As he became able to engage others with his eyes and to give signs of differential recognition of his mother, and as he gained gratification from his own developing partial motor functions, his scope of exploration expanded to include the entire playroom area (and the entire apartment at home). His mother, relieved by the lessening of her son's symbiotic demands, was able to provide appropriate encouragement and protection for him (an achievement, by the way, that she had not been able to attain with her older son, who had also been in our project).

A strikingly different transition from the symbiotic to the separation-individuation phase was observed in Stuart, who enjoyed a close and prolonged symbiotic relationship with his

mother. Both Stuart's parents had symbiotic-parasitic needs, overvalued their child, and kept him in continued symbiotic dependency. This clearly slowed down Stuart's libidinal investment in his motor functions, in which perhaps he was also constitutionally weakly endowed. Whereas Bernie entered the separation-individuation phase with a preferred modality of motor exploration, Stuart's preferred modality was that of the tactile and visual sense organs. This preference seemed to be the outcome of several factors. Both parents insisted that he be brought relief of tension as soon as he manifested it, so that he did not need to exert himself in the least to get what he wanted. His mother displayed to us, and communicated in a nonverbal way to the child, her preference that he remain sedentary and accede to being handled.

It is possible that Stuart, by endowment, was a child slow to mature in motor functions. His musculature was flabbier, his large body movements more cautious and less energetic than the other children in our study of the same age. A notable exception was his vigorous kicking of his legs whenever he was excited. Confined to a small area by his lack of locomotor capacity, Stuart made the most extensive use of his visibly emerging perceptive, cognitive, and prehensile faculties to occupy and amuse himself for long periods of time with 'making interesting experiments last' *(13)*. At the same time, he remained extremely visually alert to happenings around him; he willingly engaged others and accepted their comforting.

We have the impression that Stuart's mother, who had intensely enjoyed the symbiotic relationship with her breast-fed baby, belongs among that group of mothers who cannot endure the gradual disengagement of the infant at the beginning of the separation-individuation phase. They attach the infant to themselves and discourage his groping for independent functioning; instead of allowing and promoting gradual separation, they push their infant toddlers precipitously into 'autonomy'.

It was interesting to observe that Stuart showed definite signs of wanting to remove himself from the symbiotic-para-

sitic closeness imposed on him by his mother's holding of him. He had shown a slight but definite stemming of his hands and forearms against his mother's chest as early as his fifth month, and by the end of his eighth month this gesture had developed into a consistent bending backward with a rigid body posture, minimally yet clearly reminiscent of the opisthotonus of some symbiotic psychotic children who are seeking to extricate themselves from their symbiotic-parasitic fusion with mother *(15)*.

Bernie and Stuart have shown us two different ways of entering the first subphase of separation-individuation, differentiation. It may be worth noting that they are equally matched in over-all performance on developmental tests.

Three mothers and their children will serve as examples of the interaction of mother and child in the second subphase of separation-individuation *(the practicing period)*.

Marjie and Matthew had gone smoothly through the symbiotic as well as the first subphase (differentiation). Both children were enabled to 'confidently expect' their mothers to relieve their instinctual tensions, to be emotionally available. At ten months of age, both infants were observed entering the practicing period with great investment of interest in their emerging partial motor functions and other autonomous functions of the ego. We were able to observe in them Greenacre's 'love affair with the world'. For long periods of time, they happily occupied themselves with exploring the physical environment on their own, showing what Hendrick has described as pleasure of mastery *(Funktionslust) (5)*. They returned to their mothers from time to time for 'emotional refueling'. Both mothers accepted the gradual disengagement of their infant toddlers and fostered their interest in practicing. They were always emotionally available, according to the child's needs, and provided the kind of maternal sustenance necessary for optimal unfolding of the autonomous functions of the ego.

In contrast to these mothers, Anna's mother, a highly narcissistic woman, exhibited a much less than optimal availability

so that her child's capacity for 'confident expectation' was severely taxed. The maturational sequence of Anna's emerging ego functions took place exactly on time. But so hard was her struggle to get the attention she needed from her mother that she had not enough libidinal energy left to cathect adequately her autonomous ego functions or to devote to pleasurable explorations and mastery of her expanding reality. The child was seen during the first subphase (differentiation) sitting at her mother's feet, imploring and beseeching her unresponsive mother with her eyes. This subphase seemed to last much longer in Anna than in Marjie and Matthew.

Anna's second subphase was also atypical. It was characterized by brief, tentative forays on her own, in which she absented herself from her mother's feet only for short periods. The practicing period—the time when toddlers invest so much libido in their own autonomous functions and in their expanding reality testing—was quite transient and abbreviated in Anna's case.

Usually after locomotion is mastered large quantities of libido are freed and become available for re-investment in the love object. The child actively seeks out his mother to share with her his every new acquisition, whether it be a skill or a possession. This period, the third subphase of separation-individuation, we call *rapprochement.*

During the period of rapprochement Barney behaved with particular poignancy. He went through a typical, although somewhat precocious, 'love affair with the world' in which he would often fall and hurt himself and always react with great imperviousness. Gradually he became perplexed to find that his mother was not on hand to rescue him, and he then began to cry when he fell. As he became aware of his separateness from his mother, his calm acceptance of knocks and falls disappeared.

Early maturation of Barney's locomotor function confronted him with the fact of physical separateness from his mother be-

fore he was sufficiently 'individuated'. For this reason he displayed during his period of rapprochement the opposite of 'shadowing' *(3)*. In order to undo or to deny his physical separateness from his mother, he would challenge her by darting away from her, confidently—and correctly—expecting her to run after him and sweep him into her arms. Her increasingly frantic response made him intensify and prolong this behavior; at the same time his mother could not cope with his recklessness. This behavior was the result of the precocious maturation of the child's locomotor functions and the relative lag in maturation of his emotional and intellectual functions, which did not permit him to evaluate properly the potential dangers of his locomotor feats *(cf. 1)*. His mother would alternately restrict him and, from sheer exhaustion, relinquish her usual alertness to his needs and attunement to his cues. She would either rush to him in any situation, whether or not his need was real, or she would keep away from him when she was really needed; in other words, her immediate availability became completely unpredictable. The disturbance of their relation during this period was not total, however. Barney over and over again brought everything within reach to his mother, filling her lap, and would sometimes sit quietly and do a jigsaw puzzle with her.

The relationship between Barney and his mother again became mutually satisfactory with the advent of the fourth subphase, when he became a patient, well-functioning, and normally sedentary child.

The imbalance observed in the second and third subphases appears to have set a pattern of accident-proneness in this child which was overdetermined. Further, Barney's reckless behavior no doubt also derived impetus from identification with his father, a sportsman whose children were permitted to watch and admire, and, at times participate in, his highly risky adventures.

A different manifestation of the third subphase (rapprochement) was observed in Anna. Her mother's marked emotional

unavailability made Anna's practicing and exploratory period brief and subdued. Never certain of her mother's libidinal availability, she found it difficult to invest libido in her surroundings and in her own functioning. After a brief spurt of practicing, she would return to her mother with greater intensity, trying to engage her by all possible means. From such relatively direct expressions of the need for her mother as bringing her a book to read to her, or hitting at her mother's ever-present book, she turned to more desperate measures, such as falling or spilling cookies on the floor and stamping on them, —always with an eye to gaining her mother's participation.

At the same time Anna's language developed rapidly; the usual period of baby talk was almost entirely omitted. This quickness at talking may have occurred because her mother could communicate with her better by verbal than by other means; she addressed and 'consulted' her daughter as if the child were her equal in age.

Anna also showed what we have come to regard as a danger signal in the third subphase. She had an oversensitive awareness of her mother's whereabouts at all times and tended to shadow her whenever her mother moved about the room or left it. She displayed marked separation anxiety and could not be easily comforted in her mother's absence. The relationship was at that early stage beset by many precursors of serious neurotic conflicts. However, Anna showed to an unusual degree the usual characteristics of the subphase.

A markedly harmonious interaction was observed during the third subphase between Matthew and his mother. She was adept at encouraging independence and autonomy in her child, while at the same time remaining fully libidinally available to him; in other words, she gauged her responses to him with great intuitive understanding of his changing needs. His mother's ability to do this ensured Matthew's smooth progression into the subphase of rapprochement. Despite her pregnancy and the arrival of a new sibling when Matthew was eighteen months old—when the toddler's renewed need for the mother

increases in intensity—, the child remained self-sufficient. He was able to use other adults as mother substitutes and seemed to have achieved some identification with his mother, as shown by his interest in other babies and in his little brother, in which the aggressive element was relatively well controlled. He was able, in sum, to sustain a prolonged 'love affair with the world' while at the same time sharing whatever his mother was ready to share with him.

CONCLUSION

The average mother makes the gross adaptation needed to meet her infant's biological needs. Yet it seems to be the infant who takes on the task of more subtle adaptation to the patterns and rhythms of his mother's personality. We observed the relation of mother and child throughout the subphases of the separation-individuation process and were impressed by the fact that their patterns of interaction showed marked fluctuations related to the specific characteristics of each developmental subphase. Time and again we found that a poor relation between mother and child in one subphase does not necessarily or usually preclude impressive changes for the better in the next subphase.

It seems that difficulties in the relation of mother and child come when the child is unable to make the proper adaptation. Nevertheless, it should be added that the normally endowed child has remarkable resiliency and finds many ways in which to adapt to his mother's unconscious fantasies, needs, and expectations.

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THE CHILD'S CONCEPT OF DEATH

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No event among the abundant phenomena of human life is insignificant for the child. In particular the beginning and end of life, the entrance and exit of individuals, are inexhaustible sources of his 'whys' and 'wherefores'. Once he is aware of the eternal riddle of life, he pursues it as the goal of all investigation, playful and serious. For in *life and death,* he sees *love and hate, cruelty and pity* joined to each other. The little child that laughingly crushes a worm underfoot picks it up with careful fingers to reunite the quivering parts, and he is genuinely sad that his attempts are unsuccessful. The child senses so strongly the mental superiority of human beings over every other creature that he ascribes to himself, without further thought, power over life and death. Sometimes, being dead may mean a state of sleep from which one can be easily awakened; at other times, it may mean being far away but able to return at will. This friendly view of death comes largely from fairy tales, which regularly make up for horrors and cruelty with a happy ending. As soon as the hero or heroine is wakened from death by the kiss of a good fairy or a sword-bearing knight, sadness and mourning are converted to wedding celebrations and happiness. And when some fairy-tale figure does not arise from his bloody death, the child's fantasy sees in this the deserved punishment for serious crimes. For this reason some children with a nervous tendency are afraid of death when they feel guilty for some misdeed. Such brooding fantasies of one's own death,

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Das Kind und seine Vorstellung vom Tode appeared originally in Imago, I, 1912, pp. 286-298, in the section entitled *Vom wahren Wesen der Kinderseele* (The True Nature of the Child Mind).

In this translation, footnotes which originally appeared in the text have been transferred to an appendix. Notes of the translator appear in the text as footnotes.

which do not seem to occur very often in the tender years of childhood, indicate the germs of a psychoneurosis. But no child's life is spared the moment when he gets an inkling that he is not excluded from the universal rule of life and death. However, along with this awareness, for a long time death signifies no tragic end but simply a temporary separation. It seems, therefore, neither strange nor unusual to a child to wish dead someone whose presence means restrictions on his freedom or who may threaten him with loss of love. When my five-year-old nephew, Max, learned of the death of the man who served as caretaker and gardener for friends of ours, he came home calling happily: 'Yoo-hoo, the grumbling old bear is dead. Now I can ride my wagon all over the garden as much as I want to!' Freud in his Interpretation of Dreams *(4)* has shown in several examples how jealousy of a newborn sibling and fear of being cut off from the parents' love are expressed in rejection of the baby and death wishes toward him.[1]

A child of this age does not as yet know altruistic feelings; he knows and loves only himself; and this *egocentric* approach to life cannot hurt our feelings, lacking as it does the conscious intent of adult egocentricity. We are much more pained when a fourteen-year-old, hearing of her teacher's death and of the students' attendance at the funeral remarks: 'Bravo, that's clever; I'll drive out there too!' We tend to expect that the roots of good upbringing will have a firmer hold. Such expressions, however, are to be taken more as youthful thoughtlessness than moral crudity, yet at the least they indicate ingratitude. An unexpected afternoon off from school is always a delight, even if the occasion is sad. Grownups all too willingly measure the wishes and actions of youth with the same yardstick they use for those of mature adults. This biased judgment disturbs understanding of infantile spiritual and emotional life and makes all remembrance of one's own childhood

[1] Freud had also discussed this subject in *Analysis of a Phobia in a Five-Year-Old Boy* (1909), Standard Edition, X. An interesting example appears on pp. 72-73.

impossible. Hence, in healthy and sick alike it also pushes out of mind the *infantile death wishes against the parents and other persons close to the child,* with defense more acrid than in any other problem considered in freudian theory, except for infantile incestuous thoughts. Despite the fact that Freud *(4)* has clearly shown how far the child's appreciation of *being dead* differs from its true significance, neither layman nor specialist wants to acknowledge it. The thought of even an imprudent child nurturing death wishes against a beloved person is so painful to most people that their resistance to such a chain of thoughts prevents any insight.

It is, therefore, all the more gratifying to gain from an author, whose book is not based on freudian theories, a beautiful confirmation of that which the majority shuns. E. and G. Scupin *(8)* record valuable notes on *the child's relationship with death* in a diary in which they write about the psychological development of their little son. They neither conceal nor suppress anything; but they portray the child with all his charming idiosyncrasies and all the peculiar ideas which are produced in such remarkable abundance in the first years of life. Little Ernst Wolfgang first encountered the idea of death when he was three-and-a-half years old and his parents took him along on a visit to a cemetery. In the diary they note:

> *Nov. 2, 1907.* Taken to the churchyard, Ernie[2] pointed to the graves: 'What sort of heaps are those?' He was told briefly that sick people sometimes die, that is, do not wake up again, and that they are put to bed here under grass and flower hills so that they can sleep quietly. That interested the boy. He stopped at every grave and asked: 'Who sleeps there, and who sleeps there?' Furthermore he refused to be satisfied with what we told him. Ernie doesn't *believe* willingly; he wants to *see.* And so he pleaded urgently, pointing to a grave: 'Mummy, you can dig one up, huh?'

One month later, on December fifth, the little boy, who was

[2] Throughout these selections I have replaced the untranslatable *Bubi* by the more familiar diminutive of the boy's name.

scolded for nibbling at a loaf of bread like a 'little mouse', wanted nothing to do with this designation because 'the mouse is locked in the trap and *dead*'.

> *March 22, 1908.* Quite suddenly the child thinks about death and dying. He says: 'And when we are dead, can we only speak softly?' Here he whispered very quietly to himself. Then followed the even more singular question: 'When one dies, is one's hair torn out?' This question is explained by the fact that the child was often in the kitchen watching feathers being plucked from fowl, so that he applied the treatment of dead animals to dead people.

I cannot agree with the Scupins in the assumption that the child *suddenly* thought of death and dying. Apparently that first visit to the cemetery made a lasting impression on his receptive mind and was interwoven with all the earlier experiences in the kitchen and the daily sight of the stuffed birds in his father's study until, at last, the child gave words to his thoughts. (Scupin works at the *Zoologisches Institut* in Breslau.)

> *April 4.* The boy always has a great deal of sympathy for suffering animals, even for those used as food. For instance, he saw a plate of smoked sprats from Kiel on the supper table. In answer to questions he was told, in outline, something of how fish are caught. He took the destiny of the fish so much to heart that in greatest excitement he berated the bad men who caught such nice little fishes. Along with this he developed a rather horrible fantasy. 'They're naughty men if they kill poor little fishes—I'll hit 'em and saw'm up and cut off their head and breast and a(r)ms and stick needles in their eyes, and I'll throw the pieces in the water, and the swans'll come and eat 'em up . . .'. Finally he asked us, with voice nearly failing, not to eat any more of the sprats, so the little fishes would come alive again. He believed that put in water they would swim again, *for the concept of death is still incomprehensible to him.* That came out also in the following event. He ran around the house with his gun and shot everything and everyone dead, but *to his mother he said lovingly: 'I'll only shoot you a little dead, mummy, just*

a little—then you can only run slowly'. Being dead means for Ernie a decrease in life functions; for instance, no longer running and eating, and being able to speak only very quietly.

By the remark that then mummy 'can only run slowly', the child expresses a wish to obtain more freedom for mischief through the lessened hindrance of his mother as soon as she is 'shot a little dead' (Cf., March 22, 1908).

May 4. Ernie crushed a fly at the window and is greatly amused over it. Mother tells him of the poor mama-fly that will find her child dead and will cry about it. Ernie then said with choked voice: 'If another fly-child comes, I'll leave it!' . . . When later he felt a sticking pain in his finger, the little fly-killer with his guilty conscience believed that the mama-fly came secretly and wanted to hurt him because she found her child dead.

Breaking the chronological sequence, I bring here an analogous experience from Ernie's sixth year of life.

June 28, 1909. Ernie saw a dead fly on the window ledge and pointed it out to us. In contrast to his usual behavior, this sight incited him to catch a fly that was buzzing around and to squeeze it with his fingers till it lay just as still as the other. Looking embarrassed and blushing with a guilty conscience, he told us what he had done. He was scolded and reminded never again to kill an animal that had not hurt him. After a while he pulled secretly at his mother's sleeve, pointed at the dead fly, on which by chance a little fly was now crawling, and asked with voice nearly failing because of excitement: 'Is this perhaps the baby-fly, and is it crying because it thinks its mother is dead?' His mother agreed seriously, embraced Ernie vigorously, pressed his face against her own in a sudden welling up of tenderness, and tried to control his tears. The destiny of the orphaned fly-child kept him busy for a long time. As the little fly went to the neighboring ledge, he asked if it was now going to look for the daddy-fly or whether he, too, was perhaps already dead. About this we gave him comforting news.

These two experiences show how the occasional death wishes

against the mother become the unconscious source of pity and regret.

July 26, 1908. The child's continuing ignorance of the manifestations of death can also be seen in the following. Once again, Ernie was shooting everything dead with his wooden pistol. At the word 'dead', the word 'died' occurred to him, for he said: 'When we go to the churchyard again, I'm going to shoot dead all the people who are in the graves and have died. They'll hear that, when I shoot them dead and it makes such a noise.' On this occasion it was also mentioned that the dead were so fast asleep in their bed, the coffin, that they could never again wake up. Ernie asked if children who are dead also lie in such a 'box' and are fast asleep, and, as we agreed: 'Can they also make a rumpus there?' When Ernie doesn't want to go on sleeping in the morning, he is in the habit of making a rumpus in bed, so he thought that when the dead children happened not to be sleeping at some time they, too, would make mischief in their beds. Very seriously we told him that it is very bad. When a child dies he never wakes up, and his mother cries a great deal because she no longer has a child. Ernie listened, sighing; this conclusion did not please him. Finally he found a happy solution and called out: 'So, the men can shovel the sand away and pull the flowers away from the grave and can sell the *little boy*[3] to his mother again—so she can have her child again'. Of the whole idea of death, visibly by far the most unbearable to him was the thought of a child's being separated from his mother and that she would cry.

For the first time, here, there is a clear identification of the dead with the self where the lad spontaneously spoke of the 'little boy' lying in the grave. While the train of thought in the death of the fly-child is actually the same, it does not reach expression in words.

How closely the child's death fantasies are connected with a strong sadistic tendency is shown by the sketches of April fourth and September eighteenth.

[3] *Bübchen* in the original, hence very close to his own nickname, *Bubi*.

September 18. As much as Ernie fears blood on his own body, he loves to think up bloody dramas. Most of the battles that he fights, now with dangerous animals, now with men, end with his wounding the enemy, from whom much blood flows. Today he became furious with the mailmen who, as he was once jokingly told, would on some night collect all his toys that were lying around and take them to a child who liked to keep things neat. Instead of cleaning up, Ernie rolled his eyes, stabbed wildly at the air with his arms, and threatened: 'But I will shoot them dead with my shooting pistol and throw them against the door. And then I'll close the door quickly, and then they'll be completely crushed, and lots of blood will come out.

September 27. On seeing a funeral procession the boy became upset about the gravedigger who was going to shovel earth over the coffin. He apparently blamed this man for the death, *and only with the matter of burying-in-the-earth did he connect the idea of being dead,* for now he can already imagine that deep under the earth a person can no longer breathe and live. Very agitatedly he called out: 'The old gravers (gravediggers) shouldn't always dig such a grave and put people in it. But I'll get rid of the sand and the flowers and *let the people out again. And I'll take the old graver and throw him into the water.* And then I'll crawl up to the sky on a ladder and shovel a lot of ice into my bucket—there's a lot of ice up there, you know; the other time lots of ice came from the sky (memory of a recent hailstorm)—and then I'll pour the ice on the bad man's head, and then he'll get a cold, and his nose will be bloody, all bloody, and *then the graver will be completely dead,* and I'll pour out more and more ice, *and he'll be deader and deader.*'

For the child, being dead continues as a graduated concept that can be interrupted at any time, like sleep. At the same time, killing seems to him a means of punishment, an act of revenge.

November 25. The lad's interest in the mystery of death increases daily. *The idea that a person cannot feel and think after death is something completely incomprehensible.* The question recurs again and again: 'But what does a man (or animal) say while he is dead?' *Because Ernie does not yet com-*

prehend the often cruel and painful part of death, he uses the words 'die' and 'be dead' quite unconcernedly. The same was noticed with Lottie, his cousin, who is a few months older. *For instance, she was furious when her father punished her for stubbornness by not taking her along for a walk. Watching him go she said angrily: 'Now daddy should die',* naturally without having any idea of the significance of these words. Ernie perpetrated a similar breach of sensitivity today when he was in a bad mood because we were going to the theater. His mother asked jokingly: 'What if I never come back?' Fighting back the tears he replied: 'Then I'll tell daddy he should marry another good mother for me who doesn't always run out'. His mother asked sadly if this meant she was a bad mother. Here Ernie already regretted his words, and in order to comfort his mother and to put everything right again he corrected himself: 'No, mummy, you know, only when you're dead and I'm not yet dead and daddy isn't yet, then daddy should marry another mummy for me'. Ernie had also spoken of 'other daddies' as something to be taken for granted. One must certainly not see in this any heartlessness on the child's part. On the contrary, he is most tenderly attached to his parents, and, for example, once when his father went away for three days he cried. When his mother goes out for a few hours, the caresses are endless. The child embraces her and presses her vigorously to himself many times, without a word.

In what follows the Scupins suggest that the parents are themselves responsible for this apparent crudeness, since occasionally when their son misbehaved they spoke of wanting to send him away and fetch another Ernie. Even though that may play a part, the decisive factor for the infantile death wishes against the parents is the thought of getting away from routine regulations or the hope of showing the parents: 'if you leave me so often, then I won't care much about you either'. It is striking that little Ernst Wolfgang, in contrast to other children, cherishes death wishes against his father much less frequently than against his mother. When one considers that it is in fact she who has many more occasions to interfere when the

child is engaging in inappropriate games, then it is no wonder that the wish to remain undisturbed is directed against her.[4]

Again, on December eighth, the child is intensely concerned with death on looking at a picture in which the family does not appear complete to him (based on his observation of his own family). All absent persons are dead for him. He repeatedly names the members of his own family, grandmother, Aunt Olga, etc. Finally the people in the picture and those in reality become so fused for him that he suddenly declares his grandmother dead. A few days later (December eighteenth) he transfers his death fantasies to inanimate objects. Thus, he says to the Christmas tree: 'Oh yes, Christmas tree, you're sawed through, so you're dead'.

> *December 23.* The boy was much moved today as he was looking at a picture of a war scene in which one soldier had just shot another. He immediately fetched his gun, placed the opening of the barrel directly on the head of the bad soldier, and pulled the trigger. Breathing easier, he gave vent to his sense of justice: 'So now I've shot him dead, too, because he killed the other soldier'. He asked: 'When one dies, does one just fall down on the spot?' When a bit about war and war customs was explained to him, he understood that we Germans must defend our land. He fetched his building blocks,

[4] The modern reader may disagree with Dr. Hug-Hellmuth's explanation of Ernie's greater hostility toward mother than toward father. In fact, at first it seems surprising that she should have overlooked the mother's interference with the boy's expression of sadism. Even more striking is the mother's own hostility, as shown in this latest unwarranted salting of the wound of separation.

Dr. Hug-Hellmuth's point of view is largely influenced by the stage of development of psychoanalytic theory in 1912. After Freud's first, unsuccessful attempt to locate the etiology of neurosis in outside agents, the seduction theory, his attention turned more and more to the internal sources of conflicts, the drives. During this period the economic and dynamic points of view flourished, and, as in this paper, every mental leaf had its libidinal roots clearly marked. Only later, after the dual instinct theory, the structural revision, the development of ego psychology, and particularly with increasing experience in the psychoanalytic treatment of children, did the theory cease to interfere with the observation of mutual interaction. Among those who early abandoned psychoanalytic theory (for instance, Sullivan), this particular area of observation was much earlier in focus, but at a price.

some of which are painted red, others blue, and played war. He disagreed with the suggestion that first the reds should kill the blues, and then the blues should conquer the reds: 'If the reds have already killed the blues, then the blues can't kill the reds anymore', he said quite logically.

In this way, fantasy and reality are fused in the child's mind, where first one and then the other gets the upper hand. In spite of that, the child's concept of death is still unclear.

January 15, 1909. The rubber parrot that was put away for a long time greatly interests the little boy again. He asks if it is really a dead bird. He had thought that the rubber bird had once been alive and was then stuffed like his father's birds. Ernie had often seen the skull on his father's desk, but today for the first time he asked about it. 'Is this a head?' (Yes.) 'What is it a head of?' (A person.) 'Is the person dead?' (Yes.) 'Are these the eyes? They're so big!' (They are the eye holes.) 'What was the head's name?' (We don't know that. The person has been dead a very long time.) 'Why did the man die?' (Maybe because he was already old.) 'Does one die when one is old?' (Yes, all people must die some day.) 'Is one in the grave, then?' (Yes.) 'But who took the man out of the grave?' (One may have found the head while digging in the earth to build a house.) 'Why didn't the poor man become an angel? For here is his head.' Ernie stated a perfectly natural problem. How can a person be in heaven and at the same time part of his body be on earth? Nevertheless, we gave the following explanation (instead of the one generally held to be correct) because he might otherwise get into conflict with the opinion he would soon be given in school. So we said that the man whose head was lying here naturally got to heaven where the Good Lord made everything new for him, clothes, a healthy body, and wings. 'And a new head?', he asked eagerly. We agreed. 'But is the head completely the same?' He meant by this, was the person's face exactly the way it had been on earth so that he could immediately find all his friends and relatives. And in the interest of simplicity, we agreed to this too.

The thoughts of death and dying often lead children to their

first doubts of the truthfulness of assertions made by grownups and then lead them to meditate on religious conceptions as they come up incidentally in the environment.

The description of February nineteenth shows how thoughts of death are used in games.

> *February 19.* Ever since Ernie was taken to the cemetery he has let his toy animals die a good deal, in order to be able to wrap them in newspapers and bury them under building blocks. Then he builds an oblong housing in the form of a grave and puts a monument in the form of a cross on it.

Pity for dead animals, whether real or in pictures, increases continually. In the movie theater (June third), Ernie sheds tears as a horse falls dead. His feelings are specially aroused when he can make a transference to his own person, as in the previously described scene of the 'fly-child' (June 28, 1909).

The problem of death becomes particularly interesting to the child as he begins to deal with thoughts of whether *he himself* must die.

> *June 19.* Ernie wants to be an architect. Very often when given a task, he asks if adult architects also perform it. If one says yes, he obeys willingly, because he uses as a model everything that architects do. The lad heard someone say that *all people have to die one day.* He replied that *he didn't want to die.* After a while he asked if architects also die. When we agreed, he said: 'Well, then I want to, too'.

> *August 21.* 'When all people are dead, will the earth be removed, and will the architects tear down the houses till there is just grass again, and then will the architects die too?'

On the other hand, '*burying*' is only a source of purest pleasure *(3, 9).* Here is a report of this.

> *August 19.* We had found five dead newborn rabbits in the woods. The child asked sadly: 'Does the good animal-lord take the little rabbits into animal heaven, and do they go on living there?' Eventually he was given permission to bury the animals in a cigar box. He shoveled on earth and scattered flowers over

it, on his own initiative, and *was so delighted that he danced about the grave, jumping for joy.*

September 5. A dung-beetle was crawling with difficulty on the floor. Ernie was delighted and wanted to give the 'dear beetle' to his cousin, Lottie. But he didn't get far before he put the beetle on the path and stepped on it lightly. Then he picked the squashed beetle up again. 'But Ernie, the poor beetle!' 'Well, he was crawling on my hand too much, and he made it wet. So I crushed him a little bit dead, so he would lie quietly. When Lottie comes he'll wake up again.' Ernie stumbled over stones and roots of trees, but carefully, with love, he carried the dung-beetle along. It surprised him that Lottie didn't share his pleasure in the beetle. For him it was still the 'dear dung-beetle', even if he was a 'little dead', that is, only a form of being asleep. Ernie was firmly convinced that the beetle would soon crawl vigorously.

So the child who has been thinking about the problem of death for two years still lacks proper understanding. To him 'being dead' still means to lie quietly for a while, to sleep, to be away; but always it is in man's power to change it. In this concept, the boy's unconscious finds license to action for his sadism. Cruelty to animals and death wishes against persons close to him appear, in overcompensation, as exaggerated pity for dead creatures and the belief in man's power over life and death.[5]

Innumerable quotations of children's sayings speak for the fact that most children are satisfied with the same solution to the problem of death as the Scupins' little son. I shall give only a few of these quotations. For instance, a 'grandma' *(11)* reports: 'Rudi is out walking with his governess and his brother, Fritz. They come to a fountain, and Rudi wants to splash

[5] A few further examples quoted from the Scupins may be found in Heinz Werner's *Comparative Psychology of Mental Development* (1948), New York: Science Editions, Inc., 1961. A particularly pertinent example from the third volume, where the boy of six years, two months involves a little girl in burial play, is on page 397. It may be of interest to note that Ernst Wolfgang Scupin's dissertation in law, published in 1926, was titled: *Todeserklärung und guter Glaube* . . . (Certification of Death and Bona Fides . . .).

around in it all too much. But that is forbidden. "Well", he says, "Fräulein, when you, papa, and mama, and Fritz, *as soon as you are all dead, I'll really splash*".' Perhaps we can see the precursors of such wishes when father or mother is kept out of the child's room by the child's holding the door shut with force. For the preverbal child has only imitation and gesture at his disposal.

The child's egocentric *Weltanschauung* corresponds to his sense of importance of his own little person. It disguises the tragic when death, even of his parents, occurs in his environment. In spite of the oppression which he cannot completely dispel, he discovers a welcome cause for general attention and sympathy; in short, an abundant and unusual show of love. Hence, the new mourning clothes are of greatest importance for children. Even the funeral loses some of its gloomy character and stamps itself on the mind as both a sad and pleasurable event. Children's sayings document such thinking, as in the following example: 'In the Schwarzwald, in the region of B, little boys wear a costume with a red vest. Shortly after Casper received his first red vest, his grandmother died. His father explained that Casper could not go to the funeral in his red vest. "Oh", said Casper, *"if I can't put on my red vest, then I won't enjoy the funeral at all"* ' *(11,* p. 31). As the child gets more experience and is taught certain conventional forms, he believes that he must force himself to express emotions on specific occasions, although they are still foreign to his simple feelings. Here is another nice example from 'grandma's' collection: ' "You know, granny", Toni said one day, "when you die, I'll cry". "Why?" "Oh, that's what one does" ' *(11,* p. 56).

Not infrequently children expect that the pain must set in along with certain formalities. Marie von Ebner-Eschenbach *(2),* in My Childhood, tells how the death of her deeply beloved mother and *particularly the numb pain of her grandmother* at the deathbed had *shaken* her that morning. She continues: 'In the evening we were playing happily in the children's rooms. Suddenly, I understood what had happened and

said to my sister: "Now the best mother is dead. We'll never see her again. Why aren't we sad?" "Wait a bit", she replied, *"as soon as the black dresses come, we'll be sad".'*

From a certain age level on, the little ones take it for granted that old people die. They do not hesitate on occasion to ask their grandparents when they are going to die, and they ask the question in such an unbiased way that one cannot be angry. In a recent conversation, my nearly six-year-old nephew, Max, was boasting to his great aunt that as a machine-engineer he was going to earn so much money that we would live in our own house with a huge garden and that we would drive about in a car built by him. When his great aunt replied: 'Bubi, not me any more; by then I'll have been dead for a long time', he answered patiently: 'Well, then mummy and Aunt Hermine; naturally by then you'll be dead'. And another time when Max pushed in close to me as I was reading on the chaise longue, I called to his mother: 'Look, a nice picture, mother and child'. 'Well, why not. *You're two years younger than mummy, so you'll die two years later,* and I'll have you two years longer', he said.

Also 'little Anna', whose early mental conflicts are reported by Jung *(7),* finished off her grandmama's explanation that she was getting older and older and then must die, with a quiet, 'And then?' For that child the grandmother's answer, 'and then I'll become an angel', developed into a guide in the puzzling subject of the origin of babies. The child replied: 'And then you become a little child again?' With the fine logic of childhood she feared, after she was told of the birth of a brother, that the arrival of the newcomer might cause the death of her mother. She put her arms about her mother's neck and whispered hastily: *'Well, don't you die now?' (7,* p. 4). Here the comforting thought that *one* person's death is cancelled by a new life shows its unfriendly reverse. The childhood fantasy that old people return as little children by way of the intermediate station of being an angel briefly gives a satisfying answer to the question: *where do babies come from?* For

that reason the child often conceives of the dead as shrunken to the size of infants *(7, p. 102)*. This thought comes from the child's observations in the world around him. Countless times he sees plants, particularly buds, wilting. Just as rarely does his fine faculty for observation miss the fact that the bodies of dead flies and worms, etc., dry out, that is, grow smaller.

Beyond that, occasional remarks of adults on religious views support the child's opinion. The dead body's size and weight must fit the strength of the angels that are to take it to heaven.

Outer influences and inner processing of these experiences bring a time in the life of every child when he transfers from the death and dying of others to his own ego. That this awareness is followed by lively rejection is almost the rule. It is explained by the pleasure in being and the life-force of the child. So, according to Sully *(10)*, a three-and-one-half-year-old girl asks her mother to put a big stone on her head as she does not want to die. Asked how the stone can prevent that, she answered: 'Because I won't grow up if you put a big stone on my head. And the people who grow become old and die.' Anxious people already see in the child's concern with death and dying a serious sign for his mental and physical health. They forget that it is precisely the healthy child that can find in every occurrence in his environment a source of joy. So long as health and the joy of life rule in his immediate environment, death is a puzzle whose solution is withheld without becoming too horrible.

As a rule, only older children regard the passing of a beloved person as a horrifying mystery: those who have been constantly reminded of an impending death through a long illness of mother or father, most often where the grownups repeatedly expressed their own fears; those who are frightened by unexpected death; and perhaps also those who have observed particularly deep psychic devastation of their own parents after the death of a beloved person. But even then it is only a vague fear of something unknown that disturbs the mood of the house and prohibits lively play and loud cheerfulness. That this fear

—as every other—does not lack libidinal roots is shown by the unyielding adherence of such children to the death complex, which sometimes is maintained into maturity as a special predilection for cemeteries. Bogumil Goltz *(5)* reports from his tenth year of life:

> With regard to remembering the dead and my feeling in cemeteries, I have changed little if at all since the days of my childhood. At the time of the unfortunate war with France, the Haberg and Rosegarten cemeteries looked very much like village churchyards. Except for a few old trees and some massive gravestones or simple fenced burial mounds and crosses, there was no sign of pomp, and therefore also no profane strolling about. Here and there an old person wandered aimlessly or stood, lost in memory. When I saw that, I trembled with feeling, as if I were to dissolve into the atoms of my existence. *It was the human pain of earth and death* [*Erden und Todesschmerz*] *that already touched my soul, though still a child. At those graves I developed with pleasure-pains* [*Wollustschmerzen*] *for my whole life* the feeling, *the conception of death* and the transience of all that is earthly, the destruction and worldly annulment, the consumption of life and the death which is in all life, the nonexistence in all existence and being. *And I made it an integral part of myself.*

Similar 'pleasure-pains' are reported by J. C. Heer in his autobiographical novel, Joggeli *(6)*, where the little hero suffers them in the following way.

> In nature he always had a sanctuary. For a time it was the grave of a Frenchman, found by cousin Diethelm and other peasants on a forest road. As they pushed the skeleton back in, Joggeli put a smooth piece of wood on the grave. Pleased with himself he looked at the 'Rest in Peace' he had written with a red pencil. Convinced that he had benefited the forgotten foreign soldier, he did not fear him, despite his superstitions, but instead considered him as his silent friend. At his resting place in the green forest he spun tales and saw woven there, half from his imagination, half out of the twilight, senti-

nels of distant wars moving through the forests of their native land.

Therewith, something swept through his soul that was as lovely as the waves of green hair in the water, and *it was resolved into a game that could occur only to a strange person. He composed epitaphs for dead and living,* in which he gave vigorous expression to his affection or dislike for the people of his acquaintance and which, after new impressions, he would improve upon or set a tone lower. When it concerned someone he cared for, then he himself was astonished at the warmth of the words he found for them. *He surprised himself with the wish that they might really have died,* so that his epitaph might be valid for them. Then he was frightened about himself, with pangs of conscience for something abysmal within himself. *But he was not always able to overcome the wishes that emerged like compulsive ideas.*

The abysmal source of his pangs of conscience was, in spite of the thoughtful dreaminess of little Joggeli, not very different from the hate-rages of the 'Wlass boy' of Ossip Dymow (*1*) who says: 'As I lowered my head over this notebook, hate for my teacher flared up from time to time, and—*as was my wont at that age—I secretly wished his death*'.

Only on leaving childhood, in the years of ripening and fermentation, does the mind feel the horrifying in death without bowing before its majesty. The rebellion of puberty against that horror remains specially strong in the female sex where, fed by its origin in infantile death wishes against the near and beloved, it builds an unconquerable reservoir of superstition. On the other hand, death will often awaken in the young man thoughts such as the 'Wlass boy' had in his fifteenth year: 'It always seemed to me that in the matter of death there was something shameful, petty, and blighted, *that one had to keep secret from women and particularly from girls. Death seemed a secret of life, like nakedness or some illnesses*' (*1*, p. 126).

When a person has long since found the correct solution to the riddle of life, dying remains shrouded in untearable veils—the unexplorable secret of nirvana.

APPENDIX

1. DYMOW, OSSIP: *Der Knabe Wlass* [The Wlass Boy], p. 61.
2. EBNER-ESCHENBACH, M., VON: *Meine Kinderjahre* [My Childhood], pp. 82-85.
3. ERNST, OTTO: *Aus Appelschnuts Leben und Taten* [The Life and Deeds of Appelschnuts].
4. FREUD: *The Interpretation of Dreams.* [Standard Edition, IV, pp. 248-249].
5. GOLTZ, BOGUMIL: *Buch der Kindheit* [Book of Childhood], pp. 334-335.
6. HEER, J. C.: *Joggeli, Die Geschichte einer Jugend* [Joggeli, the Story of a Boyhood], pp. 129-130.
7. JUNG, C. G.: *Über Konflikte der kindlichen Seele* [On Psychic Conflict in Childhood], Jahrbuch f. Psychoan. und Psychopath. Forschgn., II, 1910, pp. 33-58.
8. SCUPIN, E. and G.: *Bubi im vierten bis sechsten Lebensjahre* [Bubi from the Fourth to the Sixth Year, 1910. This is the second of two volumes by Ernst and Gertrud Scupin. The first, published in 1907 (second edition, 1933) is *Bubi's erste Kindheit, Tagebuch über die Entwicklung eines Knaben, die ersten drei Lebensjahre* (Bubi's Infancy, Diary of the Development of a Boy, the First Three Years). A third volume by Gertrud Scupin, published in 1931, ten years after her husband's death, is *Lebensbild eines deutschen Schuljungen, Tagebuch einer Mutter* (Picture of the Life of a German Schoolboy, Diary of a Mother). It may be of interest to note that Ernst Scupin was born in 1879, Gertrud Scupin in 1880, and Ernst Wolfgang Scupin in 1904.]
9. STORM, TH.: *Von Kindern und Katzen, und wie sie den Nine begruben* [Of Children and Cats, and How They Buried Nine], Collected Works, Vol. III.
10. SULLY, JAMES: *Untersuchungen über die Kindheit* [Studies of Childhood], p. 104. [The original is in English, 1896.]
11. *Was Kinder sagen und fragen, mit 26 Zeichnungen von ihnen selbst, gesammelt von einer Grossmama* [What Children Say and Ask, with 26 Drawings of Their Own, Collected by a Grandmama], Munich: R. Piper.

THE ROLE OF MOVEMENT PATTERNS IN DEVELOPMENT

II. FLOW OF TENSION AND EFFORT

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In the earliest postnatal stage it is difficult to disentangle the nuclei of functions that will later serve the ego from those we attribute to the id. Also, it is often hard to decide what part of it could already be described in terms of mental functioning. . . . It is clear that there is no ego in the sense we use the term for later stages; what the state of the id is at that level is unknown.

—HEINZ HARTMANN (*19*, p. 166)

As psychic functioning emerges and develops, motor apparatus available at birth as well as those maturing later are put into the service of drive discharge, the taming of drives, and adaptation to reality (*9, 12, 14, 15, 16, 18, 19, 27, 40, 41, 49, 50*). The newborn has at his disposal only primitive methods of regulation which do not permit satisfaction of his needs. His needs cannot be gratified nor wishes fulfilled without the help of his mother's ego, which organizes and tames the drives. The mother lends the child her regulatory apparatus and so prepares him for a more refined use of motility. Only when he has learned to control his body independently of his mother can he begin to adapt to the exigencies of reality.

Motor apparatus for taming of drives have a greater affinity to the ego than those serving discharge of drives. Mechanisms

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I am grateful to Drs. Isidor Bernstein, Maurice Friend, Margaret Fries, Merton Gill, Heinz Hartmann, Edith Jacobson, Samuel Karlitz, Charles I. Kaufman, Ernst Kris, Samuel Lehrman, and others whose advice and helpful suggestions furthered this study. Drs. Hershey Marcus and Esther Robbins have made my observations more acute by their critical evaluation of my methods.

used in regulation of motility organize drive discharge. They are widely used by the ego in the sphere of its secondary autonomy. Motor apparatus that mature later in development equip the individual for adaptive functioning so that his actions can influence his physical environment in a significant way.

The present paper is concerned with the transition from early rhythmic motor patterns, which are put in the service of drive discharge, to complex motility controlled by the ego. It describes in detail methods of regulation that lay the foundation for adaptive motor functioning in adulthood. It introduces new concepts, partially derived from Laban's movement theory *(34, 35)*, and an attempt is made to correlate these concepts with psychoanalytic formulations about the development of psychic structure.[1]

PSYCHOANALYTIC CONTRIBUTIONS TO THE UNDERSTANDING OF MOTOR PATTERNS

Freud's interest in rhythm ranged from the rhythm of excitation in the nervous system, rhythmic discharge of drive energy, the relation of specific rhythms of stimulation to qualities of pleasure and unpleasure, to the development of our concept of time from the rhythm of successive quanta of cathexis issuing from the ego *(7, 8, 9, 10, 11, 13)*. Rhythm is a characteristic of all living tissue and Freud looked for its role in the lowest and highest modes of functioning.

Staerke *(47, 48)* suggested that the sensing and perceiving of our environment is mediated by kinesthetic awareness of the smallest movements which bring the outside world into the ego. He traced sensorimotor development in ontogeny and phylogeny and divided it into stages: one or more tonic stages, followed by a stage of interrupted tonus, which he subdivided into varieties of repetition—epileptic, rhythmic, reactive, and

[1] The introduction of new concepts necessitates new classifications and new terminology. A glossary, appended to this paper, contains explanations of new movement terms, as well as definitions of familiar terms which may lend themselves to misinterpretations.

delayed. He regarded tonic discharge as a rhythm with so extremely high a frequency that it is perceived as continuous. Hollos *(22)* believed that all of Staerke's sensorimotor stages pertain to forms of rhythm and agreed with his view that the highest forms of motility patterns are those with the lowest frequency of rhythm.

Spitz *(46)* pointed out that the joy and interest in repetition we see in young children wanes when they reach latency. He expanded Freud's view that rhythmic discharge in nonerogenous parts of the body can be sexual in nature, and suggested that rhythms are as specific as are zones for particular component drives. He concluded that the latency child is bored by repetition because he defensively shuns pregenital and genital temptations. Yet in a recent paper, Kaplan *(24)* reports her observations of joyful rhythmic games in latency. Both Spitz and Kaplan are right, however. Latency children begin to look down on rhythmic repetitions that are suitable for a specific drive discharge; they enjoy and seek games that regulate old rhythms by standards of skill and achievement. As Jacobson expressed so well, the developmental changes in pleasure and unpleasure depend on 'maturation of the ego which creates innumerable new channels for pleasurable functional motor and affective discharge' *(23)*. Staerke postulated a developmental principle in phylogeny and ontogeny, namely: as development progresses the frequency of repetition decreases. Concurrently we can observe an increase in the variety and complexity of motor patterns. Kris *(33)* described the developmental enrichment of motor behavior as 'a transformation of rhythmical, automatic motor discharge into melody' in movement.[2] He suggested that we might understand ego development by studying the

[2] This does not mean that when movement acquires the pattern of melody it loses its rhythmic quality. In fact both rhythm and melody operate simultaneously. Ruckmick writes: 'In music the melody may be considered as a pattern of two dimensions, pitch and time. The chord adds the third dimension of depth of tonal mass or musical volume while rhythm provides the repeated periodic accent which adds movement to the whole' *(42)*. Most definitions of melody refer to it as an organized succession of single tones.

development of motility, an inspiring proposal that poses two basic difficulties. Because of the global way most of us experience rhythm we tend to confuse the organ systems in which we perceive it and fail to analyze its components. Where a great many rhythms operate at the same time, some of them metrical, some ametrical, some simple, some complicated, we find it easier to experience the effects of continuity or discontinuity than to analyze all the variables.[3] Although we know that our feelings and concepts are derived in some way from kinesthetic perceptions, we cannot clearly see how this occurs *(4, 22, 43, 44, 47, 48)*. The difficulty increases when we investigate comflex ego functions such as the sense of time and space. Here we are dealing with concepts partially derived from complex kinesthetic perceptions of various elements of movement.

Freud *(8, 10)* suggested that we perceive time as continuity by elaborating our perception of 'rapid firings of small quanta of cathexis'. But Bonaparte *(2)* was not convinced that 'our perceptions of space and time are originally and essentially an internal affair'. She believed that they 'must bear some relation to the fundamental reality of the universe . . .'. Freud's construct may have been derived from his kinesthetic perception of the most minute changes in muscle tension. Bonaparte, on the other hand, was impressed by feelings evolved from kinesthetic perceptions of movement elements which pertain to the

[3] Ruckmick defines rhythm in whatever sensory field it occurs as 'the perception of a temporal form or pattern in which individual members repeated periodically are consistently varied in any one or more of their qualitative and quantitative attributes' *(42)*. I believe it would be more all-inclusive to say that the variation in biological rhythms is more or less consistent. Mosonyi *(37)* remarks that rhythm in general refers to the reappearance of periodic movement; in organic life it pertains to repetition of movement in response to stimuli. The repetition is essential; the periods, that is, the lengths of intervals between repetitions, are of secondary significance. Mosonyi, like most authors, thinks of rhythm as a repetition of movement after intervals of immobility with the implication that movement itself, regardless of its changing qualities, is the element of rhythm. My first notations and diagrammatic representations of movements were in part based on observations of two simple elements: movement and pause *(30)*. For the definition of rhythm used in this paper, see the glossary.

'fundamental realities of the universe . . .', namely, space, gravity, and time. Laban's *(34, 35)* distinction between 'flow' and 'effort' brings into focus the feeling of continuity we experience while moving ('an internal affair'), as contrasted with our attitudes toward space, gravity, and time, the external forces to which we adjust in our psychomotor behavior.

The division of movement into elements of 'flow' and 'effort' may contribute to the clarification of problems posed by investigators of our sense of time and space. We have taken for granted that primary process thinking is devoid of realistic appraisal of space, gravity, and time, as exemplified in timeless and spaceless flying in dreams. However, with the notable exceptions of Piaget *(38)* and Schilder *(44)*, little attention has been paid to our sense of weight and our relation to gravity. Spielrein *(45)* linked space, causality, and time as a triad and tried to trace the development of these concepts in children. Causal thinking is not only intimately connected with our attitude toward time and space, but also gravity. In contrast, primary process thinking is derived in part from the noncognitive perception of rhythmic changes in the flow of muscle tension. The regulation of tension flow which enables us to distinguish between continuity and discontinuity is one of the first steps in the development of motility control. Only after we have achieved mastery over the initiation, continuity, and stoppage of movement can we begin to time our actions in accordance with the exigencies of external reality.

RHYTHMS OF TENSION FLOW

Flow of tension refers to the relation between contractions of agonistic and antagonistic muscles. It is this relation that determines whether a particular part of the body is immobile, rigid, or relaxed; whether movement begins, continues, becomes intermittent, or ceases. At rest there is a balance between agonists and antagonists, a balance not static but rather consisting of minute swings from a hypothetical line of complete equilibrium. Movement is initiated by an imbalance between agonists

and antagonists. The more the antagonistic muscles participate in the movement, the more they counteract and inhibit the movement. We then feel or see *inhibited or bound flow*. The less the simultaneous contraction of the antagonistic muscles, the less inhibited the movement. We then see and feel *free flow*. Various degrees of intensity can be observed in free and bound flow. The degree of intensity in bound flow is determined by the degree to which agonistic and antagonistic muscles oppose each other. The degree of intensity in free flow is determined by the degree to which agonistic muscle groups are freed from inhibition imposed by their antagonists. Extremely bound flow leads to rigid immobilization or cramping. Extremely free flow ends in immobilizing tremor. A high degree of free flow leads to the overshooting in movement so characteristic of young children (spilling, falling, running into objects).

The relation between flow and affect is best demonstrated by the fact that movements with free flow make one feel carefree, while movements with bound flow evoke that shade of anxiety that we call caution. Conversely, when we feel carefree we move freely, whereas caution makes us bound. Movements that maintain an even intensity in free flow convey steady confidence; in bound flow they give the impression of steady concern. Variations in levels of intensity may give a dreamy quality to our feelings; in free flow they are associated with pleasure, in bound flow with a sense of unreality. High degrees of intensity of free and bound flow evoke corresponding shades of feeling ranging from exuberance to depression. Low intensities of flow can be noted in manifestations of slight comfort and discomfort. Sudden eruptions of free flow are associated with surprise, of bound flow with fright. Gradual increase in freedom of flow is associated with feelings of pleasant expectation; gradual increase in bound flow can produce or express uneasy foreboding.

In the newborn, flow fluctuates widely and rapidly, but as the child grows older flow becomes more stabilized. Staerke described this trend as reduction in frequency of repetitions. It

accounts for the fact that little children cannot sit still and that adults become increasingly sedentary. Within the range of normal temperamental differences we encounter vivacious people whose flow fluctuates more than it does in the average spontaneous person. Least fluctuation of flow occurs in phlegmatic and placid types and in solid, steady people who move with dignity.

Rhythms of flow of tension consist of more or less regular alternations between the elements of free and bound flow; there are also recurring changes in such attributes of flow as the degree of its intensity, the steepness of its ascent and descent, and the evenness of its level. Periodic alternations in the basic elements of flow and its attributes operate in the borderland between soma and psyche. The study of rhythms of tension flow seems particularly suitable for the exploration of the development of psychic functioning. But the immensity of the task that confronts us when we try to correlate early psychic processes with types of rhythmic motor discharge makes the path of investigation rugged and uncertain.

In the first part of this series *(30)*, I presented a method of notation which helped me to correlate motor rhythms with specific forms of drive discharge, such as oral, anal, and phallic. From longitudinal observation of three children from the lying-in period to the age of eleven, I was able to develop this method further. At the start of the study I classified rhythms intuitively in accordance with clinical impressions derived from observation of total behavior. I was then most impressed by the individual tendencies to build up tension steeply or abruptly, to high or low intensity, to fluctuate in intensity or maintain long plateaus of even tension, to tend to relax, be rigid or limp in phases of immobility. These tendencies seemed to correspond to modes of drive discharge. In classifying motor rhythms as oral, anal, or phallic, I followed a long-standing tradition in psychoanalysis. Zone specific drives have been named after the somatic source from which they arose; terms of certain modes of complex ego functioning were derived from

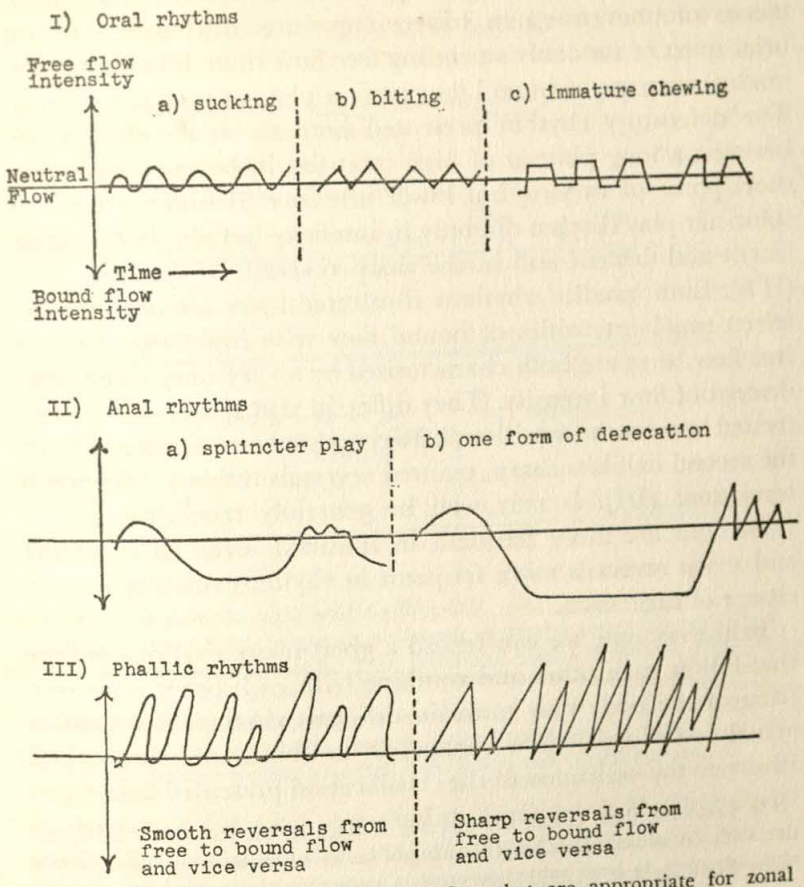
their precursors in patterns of drive organization. Every erotogenic zone requires an optimum rhythm of discharge to insure zone specific functioning; ego traits derived from zone specific functioning are marked by attributes of zone specific rhythms; for instance, stubbornness is an anal trait modeled after the holding phase of the anal rhythm. It facilitates research to classify apparatus in accordance with the zone in which it operates best and in keeping with the particular id-ego organization into which it will become incorporated.

A diagrammatic presentation of typical rhythms of zonal discharge will serve to illustrate the manner in which these apparatus can be specifically defined in terms of elements and attributes of flow of tension. For clarity, I shall use quotation marks when referring to 'oral', 'anal', or 'phallic' rhythms as apparatus of motor discharge, and no quotation marks when referring to oral, anal, and phallic drives or drive derivative activity.

In appraising the illustration one must keep in mind that there are variations within the normal range of rhythms for specific zonal discharge. What has been presented here is the result of extrapolation from a number of observations and notations. Furthermore, one must keep in mind that it is easier to observe sucking, biting, and chewing rhythms (Illustration 1, I-a, I-b, I-c) than other zonal rhythms which are shrouded in the privacy of the body. It is also important to note which parts of the body involved in the zonal discharge have been observed. The sucking rhythms presented here refer to the changing flow in the labial and buccal muscles; the 'anal' rhythms stem primarily from the recording of flow changes in accessory muscles that contract simultaneously with the sphincter; the defecatory rhythm is derived from changes in abdominal and intercostal muscles; and the 'phallic' rhythms from observations of manual and pelvic masturbation of young children and dogs.

With these qualifications in mind, let us examine the components of the rhythms shown in Illustration 1. Sucking rhythms alternate between small intensities of free and bound flow (I-a). Biting rhythms differ from sucking rhythms by the sharp rever-

Illustration 1



Diagrams of typical rhythms of tension flow that are appropriate for zonal discharge.

sals from free to bound flow (I-b). Short plateaus, in which the level of flow intensity is even, can be noticed in immature chewing (I-c). Later forms of chewing, not shown here, are characterized by alternations between steady and fluctuating levels; they can be noted when jaws begin to move laterally and the tongue participates in churning food.

'Anal' rhythms of tension flow often exhibit long plateaus

of evenly held flow of higher intensity, alternating with short phases of unevenness in lower intensities. Moreover, after a brief spurt of suddenly ascending free flow there follows a more gradual increase of bound flow until a plateau is reached (II-a). The defecatory rhythm presented here shows an alternation between a long plateau of high intensity in bound flow and a short phase of varying but lower intensity. It differs from the sphincter play rhythm not only in intensity but also in the steep ascent and descent and in the sharp reversals of flow elements (II-b). Both 'phallic' rhythms illustrated show alternations between small intensities of bound flow with high intensities of free flow; they are both characterized by a very steep ascent and descent of flow intensity. They differ in that the first is characterized by smooth transitions between ascent and descent of flow; the second exhibits sharp, pointed reversals rather than smooth transitions (III). It may well be generally true that smooth transitions are more frequent in libidinal forms of discharge and sharp reversals more frequent in rhythms suitable for discharge of aggression.

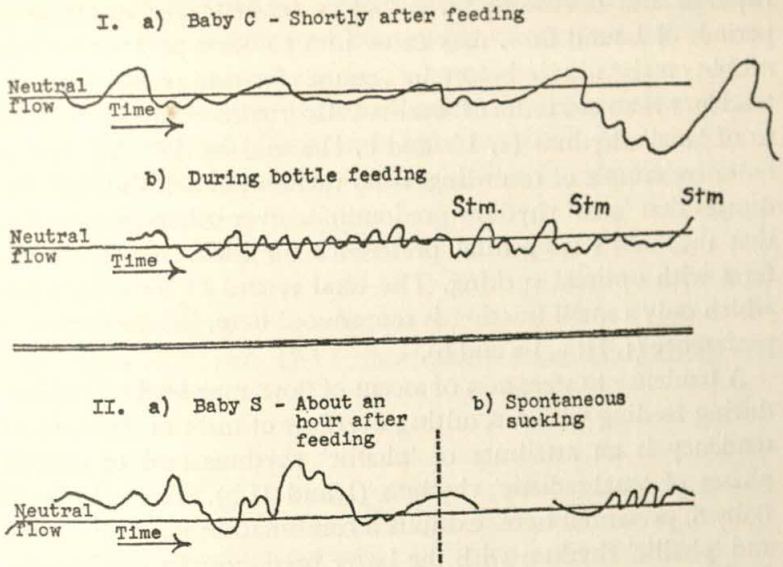
In the neonate we can record a great many rhythms of flow that follow each other and combine with each other. Different parts of the body may move in different rhythms. Samples of actual recording of flow changes in newborn infants can best illustrate the usefulness of the classification presented here.[4]

[4] In preparing these charts, the observer is aided by his kinesthetic identification with the subject. Free hand drawing of curves of changes in tension flow is obviously open to large subjective error in estimating the neutral line and the degree of change. Self-observation and practice as well as comparison with tracings of other observers, are methods used to reduce errors.

One observer cannot take note of simultaneous flow changes in different parts of the body but the record should contain successive alternations of free and bound flow and their attributes in all parts of the body.

One does not merely note a preference for a certain rhythm; one determines the balance of rhythms used by the subject by computing the ratio of the frequency of their manifestation. For example, Glenda (Illustration 3, I) at the age of eleven had a ratio of 'oral', 'anal', and 'phallic' rhythms = 4: 1: 2. In scoring and computing separately the ratio between free and bound flow and the ratio of recorded attributes of flow (even or fluctuating levels of attained intensity; high or low intensity; steep or gradual ascent and descent) one gains insight into

Illustration 2



I. Baby C (6 days old, birth weight 5 lb. 5 oz.)
   a) Sample of flow changes in movement of right hand, wrist and elbow.
   b) Sucking rhythm recorded from labial and buccal movement. Nurse helps by stimulating movements (Stm).

II. Baby S (4 days old, birth weight 8 lb. 10 oz.)
   a) Sample notation of flow changes in arm movements.
   b) Spontaneous sucking recorded from labial and buccal movement.

During nursing the oral rhythm, localized in the mouth, begins to approximate a metrical rhythm. Some time elapses before sucking is established in its pure form. Some babies must be helped a great deal to make it regular (Illustration 2, I-b). Congenital preferences for divergent rhythms interfere with

preferred methods of flow regulation. With this method one may discover that a child in whom 'anal' rhythms are not particularly pronounced, still favors even levels of bound flow because of his excessive use of certain 'oral-sadistic' rhythms (Illustration 3, III). In extremely high frequency of 'oral-sadistic' rhythms, bound flow may appear continuous rather than intermittent. The comparison with records in various states of relaxation and tension, as after and before feeding, helps us to decide what rhythm has been modified by the interpolation of a prolonged plateau.

optimal functioning when they unduly intrude upon the oral rhythms and distort them. A baby's tendency to interpolate periods of bound flow, may cause him to cease sucking and to nibble on the nipple before he resumes feeding (2, I-b). Such a tendency is an attribute of 'oral-sadistic' rhythms and even more so of 'anal' rhythms (1, I-b and c, II-a and b). When a representative sample of recordings from various parts of the body indicates that 'anal' rhythms predominate over others, we suspect that the baby's congenital preference for such rhythms interferes with optimal sucking. The total record of Baby C, from which only a small fraction is reproduced here, indicated such a preference (1, II; 2, I-a and b).

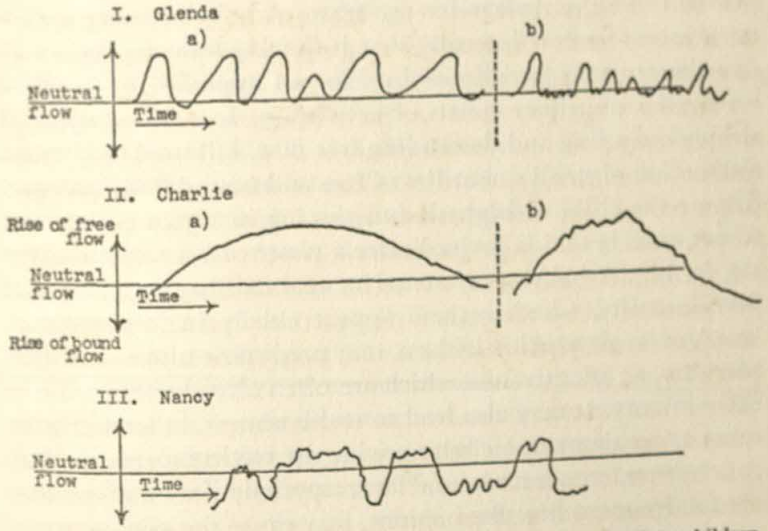
A tendency to steepness of ascent of flow, may lead to gulping during feeding with a resulting overflow of milk (2, II-b). This tendency is an attribute of 'phallic' rhythms and of certain phases of 'anal-sadistic' rhythms (I and II-b). The sample of Baby S, presented here, exhibits a combination of 'oral', 'anal', and 'phallic' rhythms with the latter predominating. The relative dearth of sharp reversals from free to bound flow suggests a constellation of rhythms which will not favor aggressive discharge forms.

Drive endowment is closely correlated with congenital differences in apparatus of discharge. By classifying rhythms of tension flow in accordance with their suitability for specific zonal discharge, we may be able to assess their contribution to drive endowment. Changes in the ratio of rhythms in successive developmental phases may give us insight into the ways and means by which dominance of phase specific rhythms becomes established. Perhaps we may also get to understand better how the child's early methods of flow regulation become incorporated into the special modes he later 'chooses' for taming of drives and subordinating them to the aims of adaptive ego functioning.

To illustrate how congenitally preferred rhythms of tension flow, in interaction with maternal preferences for certain motor patterns, influence psychological development, I shall use ex-

amples from case histories of three children I have observed from the lying-in period through their latency *(30)*. Diagrams of these children's characteristic modes of rise and fall of tension, that could be observed in the newborn nursery, are reproduced here in the same form as the first two illustrations. Flow changes were actually written in this manner in later stages of the longitudinal observation of Glenda, Charlie, and Nancy.

Illustration 3



A schematic representation of preferred rhythms of tension flow in three children.

I-a) Glenda's 'phallic' rhythms of tension flow, preferred since the neonatal period until the present age of eleven and a half. Note alternations between high intensity in free flow and low intensity in bound flow, and prevalent steepness in ascent and descent of intensity.

I-b) 'Oral-sadistic' rhythms combined before the end of the first year into a sequence with 'phallic' rhythms (biphasic functioning).

II-a) Charlie's preferred rhythms have certain features in common with typical 'anal' and 'anal-sadistic' rhythms. (Gradual ascent to high intensity and prolonged evenness of flow.) Note the steeper ascent of intensity and the increase of fluctuations under stimulation (b).

III) Nancy's preferred 'oral-sadistic' rhythms mixed with other less identifiable rhythms. Note tendency to use bound flow, to sharp reversals, and the frequency of flow changes.

In the first paper of this series I tried to correlate the preferred rhythms of these three children with my appraisal of their drive endowment from the observation of their behavior. The classification of these rhythms according to the elements of free and bound flow and their attributes (evenness of fluctuation of levels of intensity, high or low intensity, steep or gradual ascent or descent of intensity), helped me to define these children's predilections for certain modes of flow regulation. These predilections were characteristic of each infant and proved to be the *Anlage* for ego traits. A baby's preference for steep ascent of flow intensity that is quickly followed by a sudden descent may predispose him for an approach to problem solving by transitory spurts of activity (3, I-a). A sequence of steeply ascending and descending free flow, followed by a quick alternation of small quantities of free and bound flow, may predispose the child to biphasic functioning in which enthusiasm wanes quickly and is revived after a phase of repetitious laboring (3, I-b). A baby's preference for maintaining even levels of flow intensity, whether these appear chiefly in 'oral-sadistic', 'anal', or 'anal-sadistic' rhythms, may predispose him to stability, placidity, or attentiveness which are often already noticeable in early infancy. It may also lead to stubbornness, inflexibility, or other traits that cause clashing with the environment (3, II-a). A baby's preference for bound flow, especially if used to counteract too frequent flow fluctuations, may cause the persistence of a primitive regulatory mechanism of freezing in immobilizing stiffness that promotes rigidity of defenses and retards ego development (3, III).

When these three children were eight months old I described their favored rhythms and correlated them with clinical observations of behavior *(29, 30)*. At that time Greenacre *(17)* contrasted lolling and orgastic types of rhythm that could be observed in infants and emphasized that '. . . in fact, all lines of activity are present in some degree at birth or soon thereafter, but rise to a peak of maturational activity at different rates of speed. It is the maturational peak and its prominence in the

total activity of the individual organism which marks the phase.' In full agreement with Greenacre's thesis I can say that all rhythms of tension flow suitable for zonal drive discharge can be noted in various parts of the neonate's body. The establishment of zone specific rhythmicity that is a prerequisite for drive differentiation is contingent on the localization of specific rhythms of tension flow in appropriate zones. Only then can we speak of phases in which particular component drives gain dominance.

In a paper read in 1945 *(26)*, I contrasted the behavior of a girl who masturbated to the point of orgasm since early infancy with that of a deviant boy who rigidly immobilized his arms in reaction to frustration *(28)*. I spoke then of the persistence of the original motor rhythms of the infant '. . . in a modified because higher organized form, throughout the life of the individual'. At the same time I stressed the importance of 'early organic tensions and early organic reaction types' for the development of individuality. Today I can be more specific: The newborn infant shows preferences not only for particular rhythms of tension flow but also for particular modes of flow regulation. Intrinsic in each rhythm of tension flow is a type of flow regulation determined by the elements and attributes of that rhythm *(40)*. A preference for special forms of flow regulation may be derived from various rhythms which have certain attributes in common with each other. Rhythms become increasingly modified to conform to specific tasks; at the same time flow regulation becomes increasingly more complex. There is a hierarchic ascendance in rhythm differentiation and in the refinement of flow regulation, but the original preferences seem to persist within the framework of higher organization.

FLOW REGULATION

Methods of flow regulation which help to organize motor discharge cover a wide range of mechanisms from neurophysiological apparatus, that decrease repetition and promote flow stabilization, to ego controlled modulation of flow intensity. Com-

plete stabilization of flow leads to immobility; partial stabilization confines flow changes to one zone of the body. Redistribution of flow elements and their attributes in different parts of the body operates in coördinated motor patterns.

Partial stabilization and patterned distribution of flow aid in the localization of zonal functioning. In successive stages of flow regulation the child gains a freedom of choice, limited to be sure, but allowing for a selection of elements of flow and their attributes in the service of a function. Fine gradation of intensities is a late acquisition that enables the child to modulate movement in the service of differentiated affective expressions and fine skills. Maturation of cortical connections enables the child to weave kinesthetic, touch, visual, and auditory perceptions into concepts of 'where, what, and when', and as he does he becomes progressively aware of space, weight, and time. Maturation of apparatus which seem designed for control of these forces of reality brings forth elements of 'effort' in our adaptive motor behavior *(1, 34, 35, 36, 43)*. 'Effort' elements operate in our approach to space directly or indirectly, to gravity by strength or lightness, and to time by acceleration or deceleration. Rhythms of flow of tension become subordinated to 'efforts' in the most advanced stages of flow regulation.

The motor patterns of neonates differ from each other in several ways: in the degree to which tension flow fluctuates *(14, 15)*, which forms the basis for their temperament; in the range of rhythms they exhibit from which we may assess their drive endowment *(30)*; in the preferences for certain attributes of flow from which we may be able to predict future preferences for dealing with reality through 'efforts'; in the methods of flow stabilization they favor in reaction to frustration *(5, 6, 14, 18, 26, 27, 28, 41, 49, 50)*; in the type of flow regulations they employ in the service of functions from which we may be able to predict their propensities for coping with their needs.

Stabilization of tension flow reduces the frequency of repetitions and counteracts rhythmicity. Within the normal range of flow fluctuations in neonates we encounter lively babies who

may need a period of readjustment of flow before they settle down (3, I) and phlegmatic babies who look and feel heavy because their flow changes are few or develop too gradually to be easily noticed (3, II). So-called 'hyperactive' babies exhibit rapidly changing flow elements and their attributes (3, III). Some of them tend to use high quantities of free flow that lead to tremor; others can achieve stabilization only by immobilization through extremely high degrees of bound flow. Another rather extreme method of stabilization can be observed in limp immobility in which free flow decreases to a state of neutrality.

Immobilization through primitive methods of flow stabilization must be distinguished from immobility in relaxation and immobility in which we observe flow changes preparatory to movement. In relaxation moderate degrees of tension in agonistic and antagonistic muscles balance each other. Before movement begins, the parts of the body that will become involved in it exhibit changes in flow that enable us to predict whether movement will be initiated with free or bound flow. A redistribution of flow elements makes it possible to maintain bound flow in some parts of the body while others alternate between bound and free flow. The result of such a flow redistribution can be seen in neonates who maintain spontaneous rhythmic sucking of one hand by using the other hand to support it. In some infants who become attentive during defecation only those parts of the body which are involved in defecation undergo flow changes while the rest of the body maintains even flow as if in support of the discharge in the anal zone. In these instances flow redistribution led to a partial stabilization that was used to localize rhythmic discharge in one zone only.

A redistribution of flow elements that leads to a participation of all parts of the body in the main zonal rhythmic discharge can be seen in infants who become totally immersed in sucking. Fingers and toes follow the sucking rhythm and even those parts of the body which do not move, undergo flow changes in coördination with the sucking rhythm. A total involvement in a zonal discharge can be seen in infants who strain with their

whole body, grunt, and become red in the face during defecation. In those instances a redistribution of flow led to a centralization of rhythm in the service of a function. But centralization of flow may also be achieved by successive rather than simultaneous changes of flow in all parts of the body. Rhythmic flow changes may begin in a finger or a toe and spread through the body before rhythmic discharge becomes localized in a specific zone. Another form of centralization can be seen in infants who maintain sucking during defecation or look around as they nurse. They are able to integrate divergent rhythms with each other into one central experience. When rhythms in various parts of the body are not coördinated with each other, the observer gets the feeling that the baby is uncomfortable.

Despite the number of mechanisms available to the neonate to aid him in localization of zone-specific functioning, his flow regulation is rudimentary and undependable. He needs his mother's flow regulation to maintain his. Holding the baby is by no means a mechanical restraint of the baby; the mother employs sensitive mechanisms of flow regulation to re-enforce the baby's own modes of regulation and to introduce new ones by kinesthetic communication *(3, 32)*.

Kris's suggestion that autoerotic sucking is an active repetition of the passive experience of sucking during nursing must not be interpreted to mean that the child needs to learn the sucking rhythm *(33)*. The apparatus of sucking is available even before birth. What the infant learns from the experience of nursing is to maintain a continuity of sucking by actively reapplying those methods of flow regulation that had been reenforced by the mother and mirroring those she had introduced.

Mothers enforce partial stabilization in the service of localization of zone specific rhythms in a number of ways: by picking up a crying baby so that the mother's body creates a steady barrier against flow fluctuations, in preparation for nursing *(32)*; by holding the baby firmly to prevent movements that interfere with nursing; by positioning the baby in the crib in a manner which facilitates hand-mouth contact; by blanketing the baby

securely to prevent interference from flow changes from the lower part of the body; by refraining from diapering or readjusting the baby who maintains stable flow during defecation or urination; and by holding or even lifting a child whose many flow fluctuations interfere with defecation.

Mothers encourage centralization in the service of localization of zone specific rhythm: by attuning their own flow changes with those of the baby they hold for nursing; by positioning him in the crib in a manner which allows for a spreading of the rhythm through the whole body (for instance, putting a baby whose rooting motions tend to culminate in hand sucking in a prone position); by limiting distractions which might strain the capacity of a child to absorb various stimuli into one central experience.

Localization of the appropriate rhythm in the appropriate zone is a necessary prerequisite for need satisfaction. It forms the basis for zone specific dominance and fosters drive differentiation. Disturbance of localization in infancy hinders the development of a cohesive ego organization. One of its early manifestations is an inhibition of autoerotic sucking that may hinder the orderly progression of ego functions.

Charlie, from birth, exhibited a dearth of flow fluctuations unusual for an infant (3, II). He felt heavy in one's arms because he hardly adjusted his body to that of the person who carried him. Though heavy and phlegmatic, under special conditions Charlie learned a great deal by mirroring and later by imitation. Under stimulation he became more lively, and could function with all kinds of rhythms and with all parts of his body, provided he was allowed to build up tension gradually to a high plateau that he used as a base line for activity (3, II-b). Although he was disturbed by the many flow fluctuations of his vivacious mother and siblings, Charlie's vivid enjoyment of sucking persisted unabated. His ability to centralize helped him to maintain the continuity of sucking and to absorb many divergent stimuli into a whole experience *(30)*. Charlie's mother regularly pulled his hand out of his mouth, admonishing him

playfully to be a good boy. Possibly because of her own discomfort in holding the baby to whose rhythm of flow she could not adjust, she resorted to prop feeding relatively early. For this reason Charlie was not deprived of sucking. The fact that the bottle was left to him to do with as he pleased, allowed for a longer sucking experience than if he had been held by an impatient feeder. His talent for stabilization and centralization of flow kept him contented and in good contact with his environment. However, when he began to teethe, it became evident that an inhibition of hand-to-mouth movements had diminished his resources for soothing himself. He hardly rubbed his gums and would not hold a zwieback in his hand to feed himself.

A similar, but much more serious defect in the development of the executive functions of the ego could be seen in Nancy who exhibited an excess of flow fluctuations from birth. Nancy had very limited resources for flow stabilization. She tended to veer from extreme bound flow to limpness. In a prone position she would establish hand-mouth contact while rooting. But when sudden jerks of free flow or a sudden decrease of flow would disrupt the continuity of sucking, she responded with excitement that would soon lead to stiffening of the whole body. She would suck vigorously and continuously when her mother held her for feeding in the hospital. As soon as she came home she was left on her own for a greater part of the day. In addition her formula had not been changed so Nancy had to consume great quantities before her hunger was satisfied. She seemed to suck forever on the propped bottle and would not release the nipple even after the bottle was empty. Her frequent flow changes were held in check by a continuous maintenance of bound flow in her whole body, a method that insured uninterrupted holding on to the nipple. The immobilization of the body in the service of localization had the effect of isolating it from the oral experience. At the same time the tonic hold on the empty bottle enhanced libidinization (and aggressivization?) of the jaw muscles at the expense of the rest of her body. Nancy could neither suck her hand nor use it for reaching. Her hand as well as her other limbs became instru-

ments of holding. She would clutch objects that were handed to her for a long time. As soon as she could stand she would remain in that position for very long periods of time, as her stiff spine, bound legs, and clutching hands prevented her from moving. She used tonic immobilization in the service of functions even where stabilization of flow became a hindrance rather than aid for functioning. It was interesting to note that Nancy could be soothed when she was crying by the very same quick and irregular fluctuations of tension flow which she had overcome by habituation to steady bound flow. Her mother would rock her with great abruptness and with a manner that impressed me at the time as both absent-minded and impatient. It seemed to me then that the mother's rocking could release Nancy's excessive boundness, as she was moved in a familiar way which became pleasurable when she was held securely.

Kinesthetic perceptions of rhythmic zonal discharge rarely gain access to consciousness. As they convey to the infant in which manner parts of the body are moving toward and away from each other, they become firmly embedded in their own creation—the body ego *(4, 20, 21)*. In contrast to this, visual and acoustic perceptions seem designed to awaken consciousness and to make flow regulation subservient to psychic representations *(9)*. All apparatus that promote consciousness tend to stabilize flow and to delay repetition.

Frequent flow changes reduce perceptivity for external stimuli and conversely, repetition of flow changes increases whenever apparatus serving perception of external stimuli cease functioning. In coma, the eyes usually move at irregular intervals, in varying intensities and in various rates of increase of free and bound flow. At times the rhythm becomes metrical and free flow changes into bound in a manner reminiscent of 'oral' rhythms (1, I-a). During awakening from coma, when seeking movements reappear, the spontaneous rhythm of eye movements interferes with attempts to follow objects until a state of consciousness is reached *(25)*. Similar changes in eye movements

reflect the changing states of drowsiness and alertness in the neonate *(3, 52)*.

Even in states of alertness, neonates have little control over the flow of their eye movements. They can only be induced to follow visual stimuli when objects are moved at the same rate of speed, with the same gradually evolving flow of tension by which their eyes move spontaneously. We can deduce that the child is pursuing the object from the fact that he maintains the direction in which the object is moving much longer than he does without the visual stimulus. Visual pursuit not only effects localized delay of repetition but also stabilizes the flow in the rest of the body. When the newborn follows visual stimuli he becomes quiescent. Either his body becomes immobilized by partial stabilization of flow or all the body parts strain toward the stimulus in consonance with the movements of the eyes (centralization).[5]

In response to external stimuli, the rhythm of spontaneous movements becomes modified in conformance with the nature of the stimuli. The newborn reacts to the rhythmic flow of milk by a modification of his spontaneous rooting and sucking that brings out a pure 'oral' rhythm in the oral zone. At the same time partial stabilization of flow inhibits rooting movements in the rest of the body, or centralization of flow effects integration of flow changes in all parts of the body with the dominant 'oral' rhythm. In this manner a metrical 'oral' rhythm becomes localized in the oral zone and the continuity of sucking is preserved.

Flow regulation not only maintains the continuity of zone specific functioning, it also plays a role in the initiation or cessation of localized activities. Onetime rhythmic units are used as transitions to flow stabilization, in the beginning and at the end of zonal functioning. Free flow may effect the turning of the head away from the breast before the baby turns back to it and settles in a nursing position. Similarly, a baby may respond to a

[5] All data on neonatal eye movements presented here are based on my own observations. Some of them have been described in accounts of more systematic observations of the newborn *(3, 39, 52)*.

moving object by first moving his eyes away from it and only then pursuit of the visual stimulus begins.[6] Transitions from rhythms of flow to flow stabilization that end motor discharge are seen when a baby uses bound flow to push out a nipple or tighten his lips and relaxes tongue or mouth in gradually decreasing free flow until he reaches the neutral flow of rest or peaceful sleep. When a baby tires of following objects, he may cease to respond, close his eyes, or blink. We see in these mechanisms of flow regulation a tendency to limit repetition not only to adapt to a stimulus but also to shut it out *(8, 18)*.

Some newborn babies are so entranced by looking or listening that they stop sucking; others close their eyes or stare ahead as if to protect themselves against disturbing visual stimuli. Hands get into the infant's line of vision as they move to the breast in preparation for fingering it during sucking. When the infant turns to the breast the hands begin to move by following the eyes but the eyes may also follow the hands. Visual pursuits become incorporated into the eye-hand-mouth system in phases preparatory for need satisfaction. By guiding the hand to the mouth and to objects, eye movements reduce flow fluctuations in the arm to conform to their own rhythm. When an excessive stabilization of flow in the eye muscles is used to shut out stimuli, the biphasic eye movements that prepare reaching are considerably reduced and the rhythm of hand movements remains unmodified. As a result too frequent changes in the flow of arms prevent neutralization of energy that is necessary for the establishment of the hand as the executive organ of the ego.

While in the hospital Nancy would follow objects with her eyes in the short phase when she was peaceful. She looked intently when her mother held her for nursing. At home she was

[6] Two interrelated rhythms are described here: 1, the alternation between free and bound flow, and 2, the alternations between centrifugal and centripetal movements which Lamb called the 'flow of shape' *(1, 31)*. Free flow initiates movements that veer from the midline; as the head or the eyes near the end positions, antagonistic muscles begin to contract in response to stretching of muscles and tendons, and bound flow breaks the lateral movement. For movement to continue, flow becomes free again and the direction of the movement reverses itself.

left in a darkened room with the bottle propped on her pillow. As her whole body became immobilized to support her hold on the nipple her hands would hardly get into the line of her constricted vision. Long after her contemporaries began to reach, Nancy would look at a rattle, listen to its noise, bring her head forward, open her mouth, but her 'bound' hands would not move to reach it. When she became more mobile she reverted to aimless mouthing and 'fiddling' with her hands and feet that retained the 'oral' and 'oral-sadistic' rhythms of her neonatal phase (3, III). She would look intently 'doing nothing, saying nothing', not only in her infancy but in later stages of development as well. Her steady looking was isolated from her manual and intellectual performance. When Nancy was fed solids she would clutch a spoon in each hand. This clutching continued after feeding very much the same way she held the nipple in her mouth after she finished sucking. The tonic holding retarded the development of biphasic actions such as reaching and grasping. When she finally did begin to reach she would grab the hand of the examiner rather than the object. It looked as if she perceived the hand as a holding instrument; when she released the grip she may have been reaching for the other person's hand to retrieve her 'lost instrument'.

When rigid immobility is used for partial stabilization of flow, the immobile parts of the body cease functioning. Once movement is released, numerous fluctuations of flow are brought about by the fact that rhythms from different parts of the body interfere with each other rather than modify each other. Each new function must be learned as a separate experience by a new process of localization in a new functional zone.

Nancy immobilized her hands during feeding and had to learn to reach as a separate experience, isolated from the restricted oral organization she had to adhere to.

Centralization in the service of a function uses all body parts simultaneously or successively; rhythms of flow arising in different parts of the body modify each other as they become integrated into a functional organization. When a zonal activity

ceases, the modified rhythms can be used in the service of other functioning. When a child's power of centralization is strained to the limit, he may need to withdraw from stimuli by a complete stabilization of flow in order to recuperate. He may also defensively restrict functioning to avoid disorganization.

Even as a newborn Charlie reacted to rhythmic acoustic stimuli with what seemed a high degree of attentiveness. Visual and acoustic stimuli tended to further reduce his already scanty flow fluctuations. During the first few weeks of life he was able to absorb visual, tactile, acoustic, and oral experiences all at once so that listening and looking became part of the early feeding situation even during prop-feeding.

Charlie's motor development was quite advanced: he grasped objects early and manipulated them with a purposiveness unusual for his age. He became selective in the rhythms of tension flow he used for different functions. But he often lapsed into a vacant stare that seemed to remove him from the world around him. The dazed staring seemed to shut out stimuli from inside and outside.

Charlie was not only prevented from autoerotic sucking but also from playing with solids. Objects were presented to him to distract him from messing and interfering with the mother's spoon feeding. At first Charlie was spellbound by objects and kept still during feeding, but he became dazed when objects were removed and substituted by others before he could finish his thorough examination of each toy. He would cry and refuse solids, but would be content drinking from his bottle in his crib. He would not hold the bottle or a zwieback and he stopped reaching for objects, but he did not immobilize his hands as Nancy did; he used them to play with his feet which no one could take away from him.

Charlie restricted functioning selectively to avoid displeasure. Even when he immobilized his hands, they did not cease to play a part in feeding or play. The flow changes preparatory to reaching could be observed in his resting arms. He did not isolate parts of his body from each other but he isolated his body totally or partially from contact with external stimuli that interfered with his preferred rhythm of tension flow *(30)*.

Even in withdrawal he used centralization of flow in the service of the defensive shutting out of the world around him. The flow of his whole body adjusted to the far-away look in his face. In his crib he would come to life again. Undisturbed he would practice motor skills and evolve a great many modifications of rhythm which he could use for differentiated functioning. When he could engage in zonal activity without undue interference, he was able to apply the rhythms that had been modified when he learned something new. He would learn little when he could not use centralization in approaching problem solving, and he would learn instantly where the use of already familiar rhythms or their attributes were required. He would watch a psychologist keenly as his whole body was engaged in flow changes mirroring hers. When she finished the demonstration of a test item he immediately knew how to proceed although he was not capable of it before the demonstration. When he was much older and had learned to shun examinations in school, he responded poorly to verbal instructions and acted dazed. Even then he could learn with eagerness when one took special care to approach him gradually and to let him use his own methods of problem solving. Mechanisms of flow regulation that could be observed in Charlie's first year of life became incorporated into his executive and defensive ego functions.

The localization to appropriate zones of all zone-specific rhythms begins early in life *(17)*. Methods of flow regulation that contribute to drive differentiation in stages that follow the oral are not only dependent on maturation of specific apparatus of control but also on all previous zonal experiences. Early methods of flow regulation extend to the anal and urethrogenital zones before zone-specific flow regulation can be established in these areas. For that reason none of the partial drives gains a dominance comparable to oral dominance. Throughout life more or less 'pure' oral rhythms can be seen in the flow of tension in facial movement, in purposeless motility of hands and even feet, as well as in many purposeful work movements that require frequent repetition.

At birth babies may show a predilection for rhythms suitable for anal or phallic discharge or for rhythm attributes that promote a flow regulation conducive to the differentiation of 'anal' (2, I) or 'phallic' rhythms (2, II). In those instances a modification of 'oral' rhythms by the divergent discharge occurs long before 'anal' or 'phallic' rhythms normally gain dominance. We then encounter precocious development while at the same time functions that depend on optimal 'oral' rhythms may suffer.

As rhythms become localized in appropriate zones the child begins to use them selectively in a pure form for drive discharge and in a modified form for neutralized discharge. Once a repertoire of modified rhythms of flow becomes available for adaptive functioning the child begins to use selection of rhythm attributes as a method of flow regulation. From the range of optimal combinations of rhythms and their attributes he will select those he likes best. To reach an object he may prefer to use even flow which will help him not to deviate from the shortest route to the object, or he may change his flow a number of times and stop himself in time with an excess of bound flow. To open a cabinet he may select high intensity of bound flow that develops gradually, or he may use a number of spurts of suddenly ascending free flow without resorting to high intensity in order to accomplish the task. Controlled selection of flow attributes in the service of functions are forerunners of 'efforts' which are elements of movement we use to make an impact on the environment *(1, 34, 35, 36, 43)*. Subordination of flow changes to control through efforts is a highly advanced method of flow regulation that is not fully established until adulthood. Its development overlaps with a progressive refinement in selectivity that enables us to graduate flow intensities by modulation and to organize selected sequences of rhythmic units in phrasing. Highly differentiated selectivity in flow changes and subtlety in affective expressiveness are interdependent achievements. Flow of tension in graduated intensities evokes a succession of shades of feelings, and finely differentiated affects express themselves in shadings of flow intensity. A repeated sequence or

'theme' of graduated flow intensities gives 'melody' to movement. As Kris *(33)* suggested, melody of movement rates high in the developmental scale of ego functions. It may well be that it is the individual melody of movement that differentiates adult genital organization from its precursors in infancy.

At this stage of my study I am not able to give more than general data on the hierarchy of flow regulations. Nor am I able to say in which phase of maturity single 'effort' elements can be noted and when they become consistent psychomotor elements. But the following conclusions are possible. 1, The various rhythms of tension flow seen in the neonate become differentiated in such a way that pure rhythms serve localized drive discharge and modified rhythms are used in drive derivative functioning as apparatus of secondary autonomy. 2, Methods of flow regulation derive their style from the elements and attributes of rhythms from which they evolve. 3, Selectivity in flow becomes differentiated with progressive development of the ego's control over expression of affect. 4, Controlled selection of flow attributes is a precursor of effort. 5, Developmental trends overlap and interact in such a way that patterns of tension flow reflect changing constellations of drives, while patterns of effort subordinate the flow of tension to their adaptive aims and reflect transitory and permanent ego attitudes to the world in which we live.

DEVELOPMENT OF EFFORTS

The newborn infant is not capable of organized action and his motor behavior bears little relation to reality. He has at his disposal primitive regulatory mechanisms that he can use to stabilize flow and limit repetition. With his mother's help he develops means to localize zone-appropriate rhythms and to modify divergent rhythms in the service of functions. Even when he grows older, the child uses methods of flow regulation that are derived from the qualities of rhythms he most frequently experienced. Gradually he develops enough control over his own flow of tension to enable him to select optimum rhythms of

zonal discharge and those attributes of rhythms that are most suitable for the execution of a task. Throughout life he retains a preference for patterns of movement that evolved from rhythms he enjoyed most. When maturation of apparatus for dynamic dealing with the forces of space, gravity, and time enables the older child to change his environment through work and affective communication he still favors 'efforts' that have the greatest affinity to his originally preferred flow patterns.

Flow of tension initiates movement, maintains its continuity, and stops it. Without it, no 'effort' is possible. Although 'effort' elements subdue and govern the flow of tension, they are genetically and currently dependent on it. 'Effort' elements in our movement reflect changes in our attitudes toward: (1) space, by approaching it directly or indirectly; (2) gravity, by relating to weight with strength or lightness; and (3) time, by accelerating or decelerating the pace of our movements. 'Effort' is comparable to a rider who, in complete control of his horse, may choose to take a direct or an indirect route, or to whip the horse with strength or lightly, or to speed the pace or slow it down—all this provided the horse has been tamed and trained to carry a rider, to start and stop, and to change the rhythm of its gait in subordination to the rider's commands. To complete the metaphor, one may add that the trainer has acted in the double capacity of training the horse and the rider as well.[7] It is apparent from this metaphor that 'efforts' are those components of movements by which the ego controls drives in the service of adaptation to reality *(9)*. They are complex functions of

[7] Laban *(35)* depicts efforts as arising from the medium of 'flow of effort'. I have changed this term to 'flow of tension' to indicate that movement can proceed with flow independently of effort. I have used only a few of Laban's terms and only such definitions and modifications of his concepts as are necessary to fit his movement theory and Lamb's contributions to it *(1, 34, 35, 36, 43)* into the framework of psychoanalytic psychology. I am indebted to Irma Bartenieff and Warren Lamb who taught me the principles of movement theory and effort notation, but they are in no way responsible for my method of rhythm notation nor my modifications and expansions of Laban's and Lamb's movement theories *(30, 31)*.

the ego which reflect our feelings and our concepts of space, weight, and time.

In stages of transition from adaptive flow regulation by selection of flow attributes to adaptive control through 'efforts', the observer is often in doubt whether he has seen a precursor of 'effort' or a mature 'effort' element. A toddler playing carpenter with his peg set seems to use strength or directness. But it may well be that he has merely selected flow attributes for his movement which have an affinity to these 'effort' elements. We can use several criteria to distinguish a forerunner of 'effort' and mature 'effort': first, we must ask ourselves whether that type of directness or strength could be used to make an impact on real objects. Can we interpret these motor patterns as expressive of a dynamic relationship to space or weight? Could they be used to convey a direct approach to problem solving or to communicate authority? Since we are dealing here with transitions to elements of 'effort' we may be uncertain in our answers. Once 'effort' elements are clearly established, trained observers will recognize them without doubt.

Aim-directed selection of flow qualities is prerequisite for dealing with reality through 'effort'. It is a part-function of 'effort' which becomes integrated with other components into the complex organization of 'effort' patterns. We can recognize the affinity of certain flow attributes to specific elements of 'effort' and may be able to predict future preferences for certain 'effort' elements from earlier preferences for the corresponding flow qualities.

1. There is an affinity between evenness of flow levels and a direct approach to space. In direct movements, we may utilize even flow to achieve steadiness, either in the entire action or in one phase of it. To become direct in our movement, we not only select sequences and attributes of tension flow that will give impetus and continuity to our action, but we direct our attention to one spatial plane in which we decided to proceed and restrict the use of other planes. We may use directness for the precise execution of a task, as driving a nail into a plank, or we may use

it to communicate a definite attitude, as 'hitting the nail on the head' or 'getting to the point'.

When a child selects even flow for his movement in order not to stray from his path, his attention is centered on restricting his flow fluctuations so that they do not interfere with his attempt to reach an object. Such an aim-directed control of tension flow is accomplished through taming of impulses to move every which way. It differs from earlier types of regulation by stabilization of flow, as it is specifically concerned with adjusting the body to function in space. It constitutes a stage in the development of mastery of space and as such is a forerunner of a direct approach to space through 'effort'.

2. There is an affinity between variations in levels of intensity of tension and an indirect approach to space. Uncontrolled variations of flow intensity may convey unsteadiness, absent-mindedness, or dreaminess. Deliberate changes in flow intensity that preserve the continuity of movement in winding from one spatial plane to another, indicate a flexibility that has to be attained before we can develop indirectness of approach. Indirect 'efforts' incorporate planned changes in flow intensity into actions which require the successive use of two or three planes. They are employed in tasks such as spinning wool or wringing a towel dry. They communicate modes of affect and thought in gestures when we 'spin a yarn' or 'wring a subject dry'.

3. There is an affinity between high intensity of tension flow and strength. High intensity of flow conveys strain or enthusiasm. Deliberate increase of flow intensity to accomplish a purpose is a precursor and component of organized actions in which we cope with weight. It reflects the degree of intent that motivates us to use strength as an 'effort' to oppose gravity. We apply strength when we lift weights, give orders with authority, and communicate our affective attitudes in such phrases as 'weighty considerations' or 'the gravity of the situation'.

4. There is an affinity between small quantities of tension flow and lightness. Through the use of small quantities of tension we may convey lack of concern, delicacy, or slight discom-

fort. Before we can approach objects with lightness, we must be able to decrease the intensity of tension flow at will. The 'effort' element of lightness incorporates diminutions in flow intensity into certain phases of actions that are based on previous success in overcoming gravity, and operate from a base of levity. We employ lightness in manipulating light objects, in dancing on tiptoes, and in gestures that express 'lightness of spirit' or an attitude of 'treating a matter lightly'.

5. There is an affinity between steepness of ascent or descent of flow and acceleration. Sudden changes in flow intensity merely connote quickness of response. A deliberate increase of the rate with which tension rises or falls is an achievement of a stage in the development of our sense of time. We use steep ascent of flow to start a movement in high speed and we use steep descent of flow to stop abruptly. We incorporate those flow changes that reflect our sense of urgency into actions in which we oppose the passage of time. We accelerate our speed in walking to get somewhere faster, and use acceleration for the communication of attitudes to time that language expresses in such phrases as 'beating time' or 'having no time'.

6. There is an affinity between gradual ascent and descent of flow, that gives the impression of leisure, and deceleration. We are able to select the degree to which we decrease the rate of ascent or descent of tension only when we begin to understand that flow changes progress in time. When a child begins to appreciate that dawdling can make him late, he may begin to use the appropriate rate of increase or decrease of tension flow to effect a slow start or a slow stopping of movement. The 'effort' element of deceleration incorporates gradual changes of flow intensity into actions, retarding the passage of time. We may decelerate the rate of our speed to conform to the speed of a machine we operate, or we may decelerate the speed with which we walk when we decide to get to an appointment on time instead of too early. Through deceleration we convey our affective attitudes to time that language expresses in phrases as 'having plenty of time' or 'being a sluggard'.

'Efforts' are patterns of movement that we employ in our dynamic adjustment to forces of reality. In physical work, through which we exercise our influence over our environment, we are required to use more 'effort' elements than in any other activity, with the exception of sports. People are suited for certain occupations when their individual preferences for specific 'effort' elements coincide with the 'effort' required in the work involved, but training habituates one to use all the elements of 'effort'. Rhythms used in sequences and combinations of 'effort' elements make work enjoyable rather than a chore *(36)*. Rhythms of tension flow mark the individuality of drive derivative work habits, such as 'oral' swaying to-and-fro or 'anal' straining and releasing (see Illustration 1, I and II). Elements of 'effort' by themselves can be used to compose a rhythm as can be seen in alternations between strong and light beats. The choice of work rhythms and rhythms in art reflects individual preferences for tension flow expressive of drives, as well as for sequences of 'efforts' that represent ego attitudes.

Not before adolescence do we acquire the ability to use three elements of 'effort' in one action. Preferred combinations of effort and flow elements in phrases of movement become permanent characteristics in adulthood. Elements of 'effort' and their combinations are interrelated with a wide range of qualities, from physical characteristics and style of movement to affective attitudes and modes of thinking. Which of these qualities will prevail in our use of 'effort' depends on the degree to which tension flow and psychic representations of space, weight, and time contribute to the relatively autonomous apparatus that makes 'effort' possible *(16, 41)*.

At the age of ten and a half, Nancy surprised me during two successive visits in which neither mouthing nor 'fiddling' was prominent. But notation of her rhythms of tension flow revealed that 'oral-sadistic' rhythms far exceeded any others in her repertoire of movement. Even though 'oral' rhythms are generally used more frequently than others, especially in hand and face movements, the ratio of 'oral': 'anal': 'phallic'

rhythms of 13:1:1 computed from Nancy's record deviated substantially from the average. Notation of 'effort' showed a preference for lightness and avoidance of strength. Nancy tackled problems requiring strength by a controlled increase of bound flow.

At eleven and a half Nancy was more productive and spontaneous than ever before. But her long-standing tendency to repeat could be noticed in her drawing of the inside of the body which she filled almost completely with small dots representing cells. Here and there she fitted in organs whose location she had learned in school. Notation of tension flow revealed a ratio of 'oral': 'anal': 'phallic' rhythms of 8:1:1. Her repertoire of 'effort' increased markedly, with lightness still prevailing. It seemed that a new maturational spurt brought forth a control of flow through 'effort'. But her main modes of defense, derived from her regulation of flow by extreme stabilization, still persist as she primarily uses bound immobility, inhibition, and restriction of function.

Nancy's 'efforts' seem to operate without a foundation based on modification of rhythms and differentiated flow regulation. The new maturational spurt may enable Nancy to make up for her lag in ego development. Unless this happens she may continue to use 'effort' with few variations of rhythm and in isolation from affective and mental representations.

Nancy's newfound ability to use 'effort' confirms the opinion of observers of movement that 'efforts' have a high degree of autonomy and may even replace flow and occur, so to speak, on their own *(1, 34, 35, 36)*. Where 'efforts' act as physical equipment rather than as psychomotor manifestations of affective attitudes, they are almost isolated apparatus of primary autonomy that create the automated ego of a robot, without style and ideational content.[8]

We shall know more about how 'efforts' are used in building

[8] Alexander Calder, in his machine sculpture entitled Frame, has re-created all six elements of 'effort' of which humans are capable. He did not succeed in combining them into one action, nor did he convey the individuality of human action.

personality and adaptation to the wider world as the three children of my study become independent from family and school. At the age of eleven all three children still evidence a preference for rhythms of tension flow that they have favored since birth (Illustration 3), and they are still turning to methods of flow regulation adopted in early infancy. Glenda still enjoys steep rises of free flow that she uses gracefully for well-timed acceleration (Illustration 3, I). Charlie, whose combinations of rhythm and 'effort' are unusually varied and rich, still functions best from a high level of tension flow which he builds up gradually (Illustration 3, II). He still uses dazed immobility to shut out stimuli. The gradual ascent of flow intensity tends to support Charlie's deceleration when he withdraws from contact and slows down physically as well as mentally. Nancy's preference for lightness still shows traces of her neonatal limpness. Her use of strength suffers from the fact that she continues to use highly bound flow defensively (Illustration 3, III). The role these preferences played in the complex development of higher modes of functioning can best be presented through the history of Glenda's motor patterns.

Glenda's mother was very sensitive to the child's needs. The young infant slept right next to her bed so that she could hear the baby stir and be ready to respond. She picked Glenda up with gradually rising tension flow and held her for frequent short periods with lightness of effort and evenness of moderately bound flow. She blanketed her tightly but soon became concerned lest she restrict motility too much and asked my help in finding a way to keep the child warm and yet not completely restrained. She did take Glenda's fingers out of her mouth but ceased interfering because it 'made the baby angry'. She worried because the baby drank very little milk at a time and had to be fed often, but she adjusted to this schedule because 'Glenda is so little'.

Glenda's preferred biphasic rhythm consisted of a phase of steep increases and decreases of free flow, followed by phases of 'rest' which an observer who saw her as a toddler aptly called

'periods of recuperation' (3, I-6). Relaxed and graceful, Glenda did not tend to sharp reversals of flow as a newborn. She used small intensities of free and bound flow in sucking for a short time and would drop off to sleep during feeding. Back in her crib she would periodically perform like an acrobat, using sudden increases of free flow to propel herself in a supine position to the head of the crib.

Glenda's mother could develop enough steepness in ascent of flow to cope with the baby's motor feat, which she greatly admired. She attuned to the child's preferred rhythms but her own preferences for gradual ascent and steadiness of flow levels did have an influence upon the child. By the time solids were introduced, Glenda had begun to suck for longer periods of time. She was then fascinated by colorful objects at which she would stare in complete immobility. Glenda's mother respected this need, even though at times it interfered with spoon feeding. Her adjustment to the child's rhythms was most noticeable in the manner in which she presented spoonfuls of food. Each spoonful reached Glenda's mouth at the precise moment when her mouth opened to receive it. Her mother achieved this by proper timing of accelerations and was satisfied that her baby ate so quickly.

As soon as Glenda's appetite was satisfied she demanded to be put in a position in which she could stare at a red tablecloth. The mother held her on one knee to bring the child closer to the table. Using lightness and evenness of bound flow in her left arm she would at the same time change efforts and tension flow in the rest of her body to accommodate to her own needs and to those of her visitors. The staring was Glenda's own affair. Mother only provided the tablecloth and a stabilizing support. When a visiting toddler covered the tablecloth and disturbed the baby, mother reacted with gradually ascending flow intensity. Once she reached a high enough degree of intensity, she acted to restore the visual stimulus to Glenda. Perhaps she was a little late, but she taught Glenda a method of flow rise in reaction to frustration that was almost alien to the baby's repertoire of flow attributes.

Glenda's mother helped her to localize 'oral' rhythms in oral zones and encouraged independent functioning in keeping

with the child's biphasic sequences. In contrast, she was neither timely nor sensitive when she localized 'anal' rhythms in the anal zone. She would become excited in what seems to me, retrospectively, a form of 'anal-sadistic' rhythm (Illustration 1, II-b) when she diapered the baby. She held up the legs in a tense, even grip. She talked in a scolding voice and then playfully spanked the baby's bottom. There was more face-to-face contact in diapering than in feeding. The mother reported with pride that Glenda soon recognized more forceful spanking as disapproval and puckered her mouth. This became a play between them rather than a clash. Although mother reported constipation in the first two or three months, she was not worried about it. Only much later, when Glenda tried to fit sitting on the pottie and getting off it into her preferred rhythm, did her mother demand that she sit there until defecation was accomplished.

The early record does not include sufficient data on rhythms other than Glenda's preferred ones, nor does it include enough clinical observations to appraise the precursors of the anal stage in Glenda's early interaction with her mother. It is apparent, however, that the maturation of visual-motor apparatus alongside the mother's tendency to use gradual ascent and even levels of bound flow and her early erotization of the anal zone, contributed to the modification of Glenda's preferred rhythmic pattern. Toward the end of the first year, when oral and anal needs normally overlap, Glenda began to rub her mother's, and later her own, underwear while engaged in autoerotic sucking *(51)*. I once observed that the rubbing followed immediately after she touched her anus. It occurred to me then that the mother had prepared Glenda for an oro-anal centralization as a method for both gratification and tension reduction.

This method of regulation was successful in decreasing Glenda's need for biphasic functioning and was a source of comfort when her flow fluctuations became numerous at the age of four. She was then flooded by 'oral-sadistic' rhythms which were only rarely interrupted by her originally preferred 'phallic' spurts. For a time, the oral-sadistic invasion seemed to disrupt Glenda's biphasic rhythmicity. She again lost her ability or need to recuperate in frequent rest when 'phallic' thrusts

in an inexhaustible succession pervaded her movements at the peak of her phallic phase. At that time, modification of her original 'phallic' rhythm brought forth sharp reversals, borrowed perhaps from the subdued 'oral-sadistic' rhythms (Illustration 3, I-b). I thought then that her phallic sadism derived its aggressive component from latent oral-sadistic wishes.

Glenda's greatest difficulty at that time was indistinct speech. She was an early talker but was unable to adjust the rise and fall of flow intensity to the length of words. She would omit word endings at points when, in her own rhythm, flow intensity dropped suddenly. In trying to regulate her speech she would use evenness of flow intensity, which promoted slurring of words into each other. Sounds would burst out as if from nowhere, when sudden ascents of free flow to high intensities broke her ability to maintain evenness of flow.

On entering school Glenda still spoke indistinctly. She was looking forward to school to the extent that she gave up sucking and rubbing of silk when told by her mother that school children did not do this. At the same time her own wish to succeed, as well as pressure from her mother and teacher, led her to subdue spurts of excitement and to transform her 'rest periods' into 'work periods'.

Throughout latency one could notice a considerable discrepancy between her motor performance in play and her deficiency in motor skills needed for school work. By the time she was ten she used all 'effort' elements in play and had acquired considerable facility in combining two and sometimes even three elements in one action. As could be predicted, her accelerations evolved easily from steep ascents of free flow, and she was equally capable of strength and lightness. She had learned to decelerate from her mother and would use this where needed. It was especially noticeable that she could move in space both directly and indirectly, but would use only precursors of these 'efforts' during work.

In writing, for instance, she had little appreciation of the space above the paper when she changed from one line to another. She would make the necessary flow changes to accomplish it but her deliberate planning caused her to decelerate. In order to write or to draw in straight lines she would use even

levels of bound flow instead of the 'effort' of directness. She would erase a great deal and start anew. When she would at times become direct, a burst of free flow would soon cause her to overshoot, derail her direction, and disorganize her. She frequently regained equilibrium by an unwarranted acceleration. The first thing that seemed to come to her mind when she was confused was to 'hurry up'.

Glenda's lack of directness during work resulted from her defensive use of even bound flow, selected in emulation of her mother's preferred method of flow regulation. Her use of controlled flow changes instead of an indirect approach may have been initiated when, as a toddler, she followed her mother around the house and mirrored her movements. Her mother would wander around the house, adjusting the gas range, picking up dishes, answering the telephone, all the while turning to Glenda to praise her or to hand her a doll. All these actions required successive readjustments of flow intensity but were accomplished in a manner that conveyed wandering of attention rather than an indirect approach to objects in space.

Glenda's mother seemed to prefer lightness and deceleration. She used little strength unless challenged by a matter of great importance; she would then put her whole body into the service of strength and would frighten people into submission. In excitement she used frequent sharp reversals between free and bound flow, steep ascents and high intensity of flow. Acceleration and indirectness were less conspicuous. In a friendly mood she would approach people directly with lightness and deceleration which gave the effect of gliding. To express hostility, she would exchange lightness for strength and press her point until one had to give in.

At eleven and a half, Glenda developed a greater facility in using all 'effort' elements in a number of combinations. A maturational spurt brought about a new ability in directness and indirectness of approach, even during work periods. As a result she has become more proficient in school and the contrast between her attitude in work and in play is much less marked. She has retained her preference for acceleration and either lightness or strength. Flow notation reveals the persistence of 'phallic' rhythms, but they are far outweighed by a recent in-

flux of 'oral' patterns. The sharp reversals from free to bound flow that characterized her 'rest' periods and work periods throughout latency have given way to smooth transitions. She seems more poised and biphasic functioning is fading. She tries to act like a young lady now and shows no evidence of the impatient and demanding behavior of her earlier years. Because of the abundance of soft transition from free to bound flow, she appears more feminine than before, but in her carriage, her choice of clothes, and her drawings she betrays her strongly phallic orientation. Her preference for steep increase of flow intensity is still in evidence, but is made less conspicuous by its incorporation into combinations of various rhythms of flow and 'effort' elements. She now uses full 'efforts' preferably in combinations that effect dabbing, flicking, and punching movements. All these contain accelerations that are initiated by sudden rises of free flow. In motor patterns and other characteristics of behavior, she shows signs of growing independence of her mother. It is too early to establish her permanent 'effort profile', too early to say wherein will lie her aptitude *(36)*. We may get a better insight into the role her movement patterns played in the development of her character when we learn more about the way she uses her efforts in her relations to people.

We have seen how a mother's preference for certain qualities of tension flow and for certain 'efforts' interact with a child's congenital preferences. We have observed that maturation of apparatus makes the child partially independent of the mother. We have begun to study the role of 'effort' in the development of autonomy. We have gained some insight into the role movement patterns play in ego development. We will learn about their role in the development of object relationships when we study rhythms of 'shape' flow that underlie withdrawal and approach behavior and methods of shaping the body through which we convey our 'efforts' to others *(31)*.

CONCLUSION

The rhythms of the neonate's movement contain the *Anlage* for expression of drive and affect and for their regulation as well.

Analysis of rhythms of flow of tension reveals an alternation between two basic elements, free flow and bound flow. This alternation reflects the changing balance between agonistic and antagonistic muscle groups. Imbalance of these muscle groups results in movement that brings the individual into contact with the outer world; their balance causes immobility which withdraws the individual from contact. Extreme imbalance exposes him to the dangers of a clash between himself and the outer world, but extreme balance exposes him to dangers from within. Immobility, apathy, or rigidity prevent us from using the resources of our body for survival.

The polarity of free and bound flow is a quality of organic life from which Freud derived his concepts of polarities of pleasure and unpleasure, of life and death instincts *(8)*. It reflects two trends in regulation. One is a basic trend toward the world around us that prompts us to use the resources of nature for our survival. The other, antithetical trend protects us from the dangers of too great an exposure to reality.

But rhythms of tension flow contain a more complex regulatory mechanism in the qualities of free and bound flow that are also capable of change. Flow of tension varies as its intensity increases or decreases, remains steady or fluctuates, and changes gradually or suddenly. These polarities of flow attributes form the basis for all the varieties of movement possible to us in our accommodation to the environment and our defenses against it.

All possible rhythms of tension flow seem to be available to the neonate. But he hardly has any ability to organize them for adaptation or defense. To do this he needs the combined influence of reality (and its foremost exponent–his mother) and the maturation of his organ systems. We too easily forget that apparatus and structures, be they somatic or psychic, are regulatory systems *(5, 18, 40)*, and we burden ourselves too much by trying to establish when psychic functioning begins. It seems that all functions become mobilized at birth when the neonate becomes exposed to external stimuli and begins to function autonomously.

In the basic rhythms of alternations between free and bound flow, we recognize a regulation familiar to us from primary process functioning. The primitive archaic regulations of the id shift from displacement to condensation of psychic energy. When the ego gains access to the regulation of frequencies of their repetition, in various degrees of intensities and at various rates of increase, condensation and displacement become subject to the laws of secondary process functioning *(27)*.

Frequency of repetition, degree of intensity, and rate of increase of flow, free and bound, combine to form rhythms that are appropriate for need satisfaction in particular zones of the body. In this process we see a model for the operation of drives which are the psychic representatives of needs. The regulation of quality and quantity of free and bound discharge in the id is dependent on rhythmic changes in various organs of the body. Individual differences are expressed in the frequency and combination of these 'organ' rhythms. These individual differences contribute to the individuality in the central organization of rhythm in the nervous system. They appear to be the core of the id-ego organization from which individual traits of the ego emerge *(12, 18)*.

Analysis of rhythms of tension flow suggests that rhythmic discharge is characteristic of the id. The id becomes a mere 'seething cauldron' when rhythm ceases and boundness prevents discharge *(16, 19)*; conversely, it becomes an 'erupting volcano' when rhythm ceases and free discharge becomes boundless. These are primitive regulatory mechanisms that are used throughout life as emergency measures. Analysis of attributes of tension flow suggests that the regulation of frequency, intensity, and rate of discharge, which are originally determined by the confluence of rhythms of different organ systems, is taken over by the ego. The ego not only 'transforms the id's will into actions . . .' but also mediates between the organism and its milieu. Organ systems that are specifically designed to receive stimuli from outside the body oppose rhythmic discharge and promote flow stabilization and delay in repetition. The body ego

evolves from the id as it incorporates the noncognitive kinesthetic perception of tension rhythms. To the degree that it incorporates acoustic and visual perceptions the ego becomes the exponent of continuity of environmental forces.

Maturation of psychomotor apparatus that serves adjustment to the environment supports and further differentiates ego functioning. Motor patterns, which are designed to cope with forces of our environment, are 'efforts' that we use in our adjustment to space, gravity, and time. The complex functions of the ego include several modes of motor discharge that develop in successive stages: rhythms of tension flow appropriate to specific tasks are localized in specific functional zones; elements and attributes of tension flow are selected in the service of actions that require delay in repetition; fine gradation of flow attributes adds melody to rhythmic movements; rhythms become subordinated to adaptive aims in 'efforts'.

Differentiation of drives is contingent on differentiation of rhythms to conform to optimal modes of discharge in zones in which specific concrete transactions occur between the body and its milieu. When drive discharge is thus localized and its rhythm becomes truly functional, there begins a specific ego-controlled drive organization. This becomes possible only when the mother lends to the child her own methods of regulation and mediates between him and reality before a constant ego takes over this function and makes the child independent. During these transactions the child's original endowment becomes modified; within the complex modified functioning of the adult we may, however, detect traces of inborn traits that we have observed in the newborn.

GLOSSARY

Attributes of free and bound flow are qualities of flow that depend on the frequency of changes, the degree of their intensity, and the rate of increase or decrease. The intensity of tension may fluctuate or remain even for a time, it may decrease or increase, it may rise or abate gradually or steeply.

Centralization: A method of flow regulation in which all parts of the body, simultaneously or successively, undergo flow changes in consonance with a localized functional activity. For instance, the whole body of a drummer contributes to the actions of the arms.

Effort: A motion factor that expresses the changes in our attitudes toward space, gravity, and time.

Effort elements are direct or indirect in relation to space, strong or light in relation to weight, increasing or decreasing speed in relation to time.

Elements of flow are free, uninhibited flow in movement that cannot be easily stopped at will; and bound, inhibited flow that can be easily stopped at any point of movement.

Flow of tension: A motion factor that pertains to the sequence of fluency and restraint in the state of muscles in movement and rest. Laban refers to it as 'flow of effort' because efforts arise from flow and use it for their adaptive aims.

Flow regulation organizes flow changes in the service of functions.

Localization is a mechanism of flow regulation which initiates and maintains zone specific patterns of flow changes in functionally related parts of the body so that a sucking rhythm becomes dominant in the mouth region or a rhythm appropriate to grasping in the hand.

Melody of movement results from a flow regulation in which flow intensity is graduated in a selected sequence.

Modification of rhythms of flow occurs when several rhythms combine with each other, or when one or more flow qualities of a rhythmic pattern are changed through flow regulation. A child may decrease the rate of rise of tension in sucking because of a confluence of 'oral' and 'anal' rhythms, or he may do so to conform to the rhythm with which milk is released from the nipple.

Modulation of flow: A regulation by fine graduation of intensities.

Phrasing of rhythmic patterns: Organization of sequences of selected rhythms of tension flow and effort, in a manner characteristic for an individual.

Redistribution of flow: A flow regulation through which flow elements are changed in various parts of the body to initiate, maintain, change, or stop a functional activity.

Rhythm: Periodic repetition of variations in one or more quality. In regular rhythms, the intervals between variations and the modes of variations are consistently the same.

Rhythm of tension flow: Periodic alternation between free and bound flow in simple rhythmic patterns to which is added a variation of flow attributes in complex rhythms. Regular stimuli evoke pure rhythms in which intervals between variation and the degree of change in frequency, quantity, and rate of increase or decrease of free and bound flow are consistent.

Selection of flow elements and their attributes: Flow regulation by planned selection of flow qualities in adaptation to reality; for instance, choosing even bound flow to reach a small object. This type of flow regulation is a part-function of effort and its precursor.

Stabilization: Flow regulation that decreases the frequency of flow fluctuations. Complete stabilization leads to immobility in all parts of the body. Partial stabilization reduces flow changes in certain parts of the body to prevent interference with localized motor discharge.

Subordination of flow to efforts: Flow regulation in various parts of the body by which sequences of flow changes are adapted to the effort elements chosen.

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THE ROLE OF THE EGO IN THE RECOVERY OF EARLY MEMORIES

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The dominant function of the ego as a means of recovering memories from childhood is accepted as being a decisive element in psychoanalysis. Breuer's initial work with the 'chimney-sweeping' patient Anna O, in which Freud later joined, ultimately led Freud to the fateful discovery of the mental processes and basic psychological principles governing human life *(2)*. Omitting the details of this heroic achievement—including his self-analysis and his later conclusion that his patients' memories of seduction were fantasies—it can be said that Freud never lost sight of the significance of the reality factor in the recall of crucial experiences. An instance of this is the repeated emphasis on the 'nucleus of truth' noted in his last paper *(6)*.

Freud had observed the role of the ego in these processes in an earlier work *(5)*. 'Anything arising from within (apart from feelings) that seeks to become conscious must try to transform itself into external perceptions; this becomes possible by means of memory traces. . . . it is possible for thought-processes to become conscious through a reversion to visual residues. . . . Thinking in pictures is . . . only a very incomplete form of becoming conscious. . . . It stands nearer to unconscious processes than does thinking in words and it is unquestionably older than the latter both ontogenetically and philogenetically.' Noteworthy are Freud's mention of 'external perception', 'visual residues', 'thinking in pictures', which are '. . . only a very incomplete form of becoming conscious'. Attention is called also, in the same work, to his definition of auditory perceptions as 'a special sensory source'; and that in his diagrammatic sketch accompanying the text he adds an auditory

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Presented to the American Psychoanalytic Association, New York, December 1964.

segment to his graphic representation of the ego with the statement, 'The ego wears an auditory lobe'.

Though much of our knowledge of the recovery of memories from childhood was ably reviewed by Kris, certain aspects of the process appear to require further elaboration and clinical attention *(8)*.

CASE I

Patient A, a man of twenty-five who was sexually impotent, was obsessed chiefly with a dread of what he called 'ghoulish faces' which he saw everywhere. They floated over the trees of a park on which he looked from his family's apartment. He ascribed this ghoulish facial appearance to the analyst, and to his father who, in addition, had prominent and menacing eyes, and the patient frequently scrutinized his own face in the mirror, grimacing and contorting his features to test whether they were similarly ghoulish. Early in analysis, he drew a picture of himself as a particle of undifferentiated protoplasm, which represented his unprotected and helpless ego.

During analysis, on one occasion, the sirens of an air-raid test threw him into an acute state of panic. He had palpitations, difficulty in breathing, broke into a sweat, began to sob, and stammered helplessly that the analyst's room was filled with ghoulish faces.

At the start of the war when he was two years old, he and his mother had moved from France to England. He was asked if he had any recollection of seeing his mother wearing a gas mask, and if perhaps he had been similarly equipped as was then customary during air raids in England. He confirmed this (later corroborated by his parents), and it was substantiated by a flood of associative memories and by the therapeutic outcome.

As might be expected, his state of acute panic, confusion, and altered perception had multiple determinants. Condensed in it were many traumatic events at the outbreak of the war: the anxiety-filled days of the Munich crisis in France; the pre-

cipitous emigration to England; the disrupted relationship with his mother in the highly overemotionally charged atmosphere. These and successive experiences on an immature ego left it—particularly in the perceptual area—precisely in the unprotected and exposed state he depicted in the drawing he made of himself. Seeing the dreaded ghoulish faces over the trees in this country was traced to his emigration from the urban center of Paris to a rural area in England. The recall in analysis was precipitated by an appropriate auditory stimulus of sirens which plunged him into an acute affective state accompanied by altered perception in which he re-experienced the early traumatic events and recovered the path that led to the pathogenic memories.

In a number of sessions prior to the return of the memory—including the beginning of the particular session of recall—he had felt relatively comfortable and protected with the analyst who provided a maternal 'protective shield' *(7)* until this illusory protection was suddenly shattered by auditory stimuli identical with those of his traumatic past. The archaic ego state was thus re-established *in concretu et actu*, and the pathogenic experience emerged with the impact of a nightmare or a hallucination during the analytic session reported.

CASE II

Patient B had been treated over a period of seven years by several psychiatrists and analysts. The prevailing diagnosis was schizophrenia.

When first seen by me when he was nineteen, and throughout most of the first two years of psychotherapy, he engaged in all sorts of mischievous and bizarre behavior. He giggled, grimaced, made derisive noises, sang jingles from radio announcements, or remained coldly indifferent and made no sound. During the latter part of the second year he would at times call me 'Mr. Magoo'—a farcical, semiblind, babbling, and baby-faced old man of movie or TV cartoons. When he became convinced that he would not be dismissed from treatment, (as

had happened to him before), he could talk occasionally about current affairs, magazine articles, and the like. I persevered in his treatment for three reasons: he came regularly to his appointments, four times a week; gradually he began to read books and periodicals; he successively relinquished various sweaters, woolen shirts, and the like that he felt compelled to wear even on warm days. Commenting that he must feel cold if he had to wear all these garments was a remark he did not consider worthy of answering.

In the third year of treatment he reported his first dream.

> I was near or at the North Pole in an arctic region. It was night and I was lying on an ice block or a refrigerator which was my bed or something. I was surrounded by ice and snow and it was totally dark. The night remained icy, cold, and dark for a long, long time, as if it would never end. Finally the dawn came and some people were walking in and out of the room where I was lying on the refrigerator which was also my bed.

There were no associations. His fashion of telling the dream was light; he giggled as if describing a rather funny event about another person.

As he had repeatedly and curiously looked about the room while relating the dream, and as the twice repeated emphasis on the refrigerator (which was also his bed), struck me as a potential allusion to a real experience in his life, I formed a tentative idea as to the possible concreteness of the event represented. I asked him whether he had ever actually been frozen in any manner comparable to the situation depicted in his dream. He laughed at my question, then became attentive and remained reflective throughout the rest of the session. As a matter of fact, recently he had not been as coldly indifferent as he had formerly been.

He came the next day in a state of great excitement. He had told his parents about my 'foolish Mr. Magoo question'. Their reaction had been one of great astonishment. They told him that when he was less than a year old, they indeed had had to

'thaw him out' of his urine, feces, and vomitus because 'by mistake' they had left the window of his room half-open throughout a very cold winter night. They had ignored his cries during the night on the recommendation of their pediatrician. He developed pneumonia, was hospitalized, and remained an invalid for a long time. The dream proved to be a turning point in the treatment and in his life. The patient ultimately recovered and follow-up observations through several years after the termination of the treatment have confirmed its favorable outcome.

Various authors have postulated that a shift in the dynamic balance of the mental forces involved in the maintenance of repression occurs through a reduction of the anxiety connected with the mnemonic representation which is repressed. From such reduction and shift 'will result . . . a relaxation of the defenses directed against it' *(1, 13)*. This is undoubtedly so; but in addition to the element of diminished anxiety, the specific state of the ego, especially in relation to its perceptual and sensory functioning at the time of the original experience—as well as to its functioning at the time of the recovery of the memory in analysis—,should be taken into account.

The sudden impact of the auditory experience on patient A caused an abrupt, intense change in certain ego functions. There were alterations of perception, speech affect, and concomitant physiological manifestations approximating, or at least reflecting, those which had originally occurred at the time of the pathogenic experience. The anxiety involved was undoubtedly reduced by the interpretation in an analytic setting. Prior to this the overwhelming auditory stimulus of the sirens had, however, intensified acutely the anxiety to a point where the patient's surroundings were invaded to a degree from which there was no escape except by a regression to the archaic, traumatic event itself. Its revival first released an 'affective deluge' so often observed under such circumstances *(11)*. Second, it resulted in a controllable regression to the archaic state of the ego with alteration of perception, loss of ego boundaries, transient hallucinatory phenomena.

In patient B, the revival of the pathogenic experience was revived through a dream made possible by a very slow change in the ego following a prolonged therapeutic process. Imperceptibly the 'frozen' state of the ego had altered under the influence of the ongoing therapeutic process which made it accessible to a gradual 'thaw' long before the emergence of the dream. By projection, his identification of the therapist was with a fictional character who approximated his own helpless, weak, infantile, semiblind, yet not entirely unresourceful, ego. At the same time he was equating the analyst with his blind, foolish parents, in particular his father who in the transference became the devalued as well as admired 'Mr. Magoo'.

Pötzl noted, with reference to primitive or incompletely developed visual percepts in dreams, a preponderance of preoccupation with a past often closely related to the dreamer's infancy: 'In the analysis of the dream [of this type] . . . autobiographical factors rise to the surface, saturated with infantile material . . .' *(10)*. In the visual field, as the investigations by Marbe, Pötzl, later refined by Fisher and other observers have demonstrated, part perception appears to predominate and to this original visual modality of perception may be attributed the characteristic fragmentation of the later recall in memory of the predominantly visual type in analysis *(3, 12)*. It has been my clinical experience that remembering of a fragmentary and disconnected type usually derives from a predominantly visual type of early experience *(9)*. In the kinesthetic, olfactory, and auditory experiences of early childhood a more global type of sensory perception appears to prevail. The totality of such experiences tends to recur during the recovery of memories in analysis, all of which, under the influence of repression and resistance, undergo various vicissitudes and further changes.

Kris observed that the process of remembering which analytic interpretations set into motion appears often to proceed under its own impetus. Among the reasons given are the partial and controlled regression in the analytic situation, the

fusion of past and present experiences, the pressure of material from repression toward consciousness, and so on. In addition to these may be advanced the more general proposition in the recovery of memories—their close relationship to certain types of perceptual experience and subsequent recall during an analytic procedure. The fragmented, apparently isolated and piecemeal type of memory recall is in the visual field where originally part-percepts predominated. It is mainly in this area that Freud's formulations about 'visual residues', 'thinking in pictures', and 'incomplete form of becoming conscious' are relevant *(5)*. The process of free association itself, with its characteristic piecemeal, seemingly disconnected, fragmented and incomplete verbal production, makes it, in fact, almost ideally suited to the promotion of the return of predominantly visual memory traces and experiences. Freud's comparison of free association to 'sitting at the window of a railway train and describing to someone behind you the changing views you see outside . . .' emphasizes its fragmented and disjointed nature *(4)*.

SUMMARY

The recovery of memories is therapeutically effective not only because of the discharge of affect, but also through the reemergence of the specific state of the ego which was repressed at the time of the traumatic experience. The regressive features which often accompany the recall may approximate forms of thinking and feeling close to the primary process. These seem to carry with them a greater force of conviction than is ordinarily attainable. With the release of forces that were bound in the psychic structure, the synthetic function of the ego makes possible its reorganization and restructuralization. With such recall and working through into consciousness, content and affect of memory can be dealt with in a revised fashion by both the ego and the superego functions, permitting a more realistic solution of the conflict between the archaic, instinctual, and defensive forces which made the original traumatic event pathogenic.

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STEALING AS A DEFENSE

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The thinking to be expressed here was stimulated by comments in Waelder's by now classic paper on the multiple functions of the ego *(10)*. As a result of modifications in theoretical thinking, he noted that acts previously thought of as pure impulse expressions are now recognized as having defensive function. He stated: 'Formerly it was assumed that anxiety originated in the id as a direct result of excessive, unrelieved tension and that during this process the ego was somehow overtaken as a defenseless victim'. He then quoted Freud's modification that 'in a situation of danger, that is, in a threat of oncoming excessive, unrelieved tension, the ego may anticipate the latter in the form of anxiety, and . . . this anticipation then becomes the immediate signal which tends to induce the organism to adjust itself so as to avoid the danger—for example, flight, or any other appropriate protective measure'. Waelder continued: 'Even in the extreme case of an action carried out under the pressure of impulse which may seem at first to be driven purely by the instincts, the ego contributes its part'. This emphasizes in a way relevant to our approach that the ego is not limited to a passive role alone and that a psychic act 'even if initiated as an attempted solution for one definite problem . . . must also, at the same time and in some way, be an attempted solution for other specific problems'.

In the present paper I shall try to show that stealing in certain cases represents an ego defense against anxiety, although of course other functions are also served. Some pertinent literature on stealing and clinical material from my own experience with patients in psychoanalysis and psychotherapy will be adduced in illustration.

Stealing as a symptom has been fairly extensively discussed in the literature. The most characteristic psychiatric resumé

is in a paper by Kirkpatrick and Tiebout *(6)*, who approached the subject from the standpoint of the uncontrollable impulse: 'if the desire to take overcomes the inhibitions established, stealing will occur'. Stealing for these authors is a gratification of one of two possible needs—either the attainment of the object that somehow dispels a feeling of deprivation, or the commission of the act itself that is gratifying in some way. This almost implies that the theft may have a defensive function, but they veer from this assertion to say that stealing comes from a need to be punished, or because the stolen object has fetishic value, or as a revenge. In conclusion, they recognize possible multiple causation. This paper appears to represent, by and large, the thinking of 'dynamic psychiatry' on the topic.

In the psychoanalytic literature, an early reference is Abraham's *(1)* statement that 'so-called cleptomania is often traceable to the fact that a child feels injured or neglected in respect to proofs of love, which we have equated with gifts, or in some way disturbed in the gratification of [his] libido. [He] procures a substitute pleasure for the lost pleasure and at the same time . . . takes revenge on those who have caused . . . the supposed suffering.' Abraham also referred to stealing in women as symbolic of stealing a penis. Fenichel *(3)* sums up the problem: 'if you won't give it to me, I will take it', and also reports stealing as a perversion accompanied by orgasm. Zulliger *(11)* reports on an adolescent girl who stole petty cash to buy stockings and underclothes, the theft signifying masturbation and the fresh clothing purification. Glover *(5)* describes a girl whose stealing represented acquiring the penis of an envied younger brother. All these instances refer to stealing largely as an expression of infantile needs, or primarily as the gratification of id impluses.

Alexander *(2)* gave the following possible interpretations of stealing: 1, an expression of and reaction to infantile oral receptive attitudes to the mother; 2, a symptom of penis envy in women; 3, a spite reaction; 4, relating to competition; 5, relating to identification with the father; and 6, a reaction to a

sexual urge. He explained the dynamics as overcompensation for a sense of inferiority; an attempt to relieve a sense of guilt; a spite reaction to the mother; and as leading to gratification of dependent needs by way of the imprisonment that follows the commission of the theft. Thus, he too believed that stealing occurs as a gratification of needs, but also stressed its origin from a sense of guilt—to satisfy superego demands. He conceived of stealing as a reaction against, as well as a gratification of, infantile oral receptive attitudes. His interest in the 'fate neurosis' and the superego demands for punishment overshadowed the ego-defensive aspect of stealing. He stated: 'Stealing is a reaction to a strong sense of inferiority, giving a feeling of bravado and toughness. The sense of inferiority is itself a reaction to a strong dependent receptive wish expressed in the attitude of obtaining things without working for them. . . . Stealing is an overcompensatory reaction to an internally felt weakness. The urge to steal is frequent in individuals who have a strong but repressed need for dependence—the infantile wish to be supported by others. Taking by force represents a denial of a wish to be given things. It satisfies the wish for possession without the humiliation caused by the helpless longing for being given everything by others. . . . In the ego a split is created between the wish for the comfortable dependent situation and the ambition for independence—the latter being reenforced by the environment.'

Anna Freud *(4)* gave an impetus to the recognition and study of the ego's operations and defenses, and presumably played no small part in the type of thinking that led to the publication by Menaker *(7)* of a study of twelve boys who stole. She stressed the unconsicous content of the symptom as an attempt to retrieve from the mother those things of which she deprived the boy, namely, oral and anal satisfactions. The boys identified themselves with the concept of mother as a phallic woman, and expressed desires to be loved by father as he loves mother. Accordingly, Menaker feels that the symptom is an attempt at bisexual gratification. The libidinal impulses fluctu-

ate between masculine and feminine poles, and superego development and organization are impaired by fixation on the pregenital level with consequent inability to complete successfully an identification with the father figure. The symptom is also a defense against pregenital wishes: 'it is characteristic of the boys who steal that they are insatiable and demand immediate gratification'. Menaker concludes that the boy who steals achieves masculinity by identifying himself with his mother and, because of passive homosexual attitudes, not with the father by whom he wishes to be loved. In his unconscious, he is uncertain whether mother or father has the penis and whether he should be masculine or feminine. In short, the boy who steals has a conflict of identification because of a pregenital fixation on the mother which arose from powerful constitutional oral and anal instincts and a weak ego, usually as the result of the operation of libidinal forces in a psychopathological family setting. Such a family may consist of a phallic, aggressive, castrating mother and a passive, weak father. The stealing represents a reversal of the passive feminine desire to receive into active taking. The idea of actively working for something is not developed. It is as though the only defense against the strong passive-receptive wish is the opposite wish to grab, steal, or tear away.

This particular aspect of the defensive function of stealing is the one I should like to emphasize. Recently, Socarides *(9)*, in a report on a woman who stole, referred to stealing as an expression of a lost sexual satisfaction, the stolen object representing milk, feces, penis, or child, according to the fixation point in libidinal development and the impulse representing the longing for something forbidden, such as masturbation or a perverse act. The essence of his report, however, is a sequel to Rado's *(8)* formulation of cleptomania as a defense against masochism. Stealing for Rado's patient represented a reparative move against the dissolution of her ego organization, arising from masochistic temptations with their implicit threat of annihilation. Here again the defensive function of stealing and

its role as an ego maneuver aimed at the avoidance of overwhelming anxiety are stressed.

CLINICAL MATERIAL

My interest in the subject of stealing was first stimulated by a patient in psychoanalysis in whom stealing was not the primary problem. When first seen, the patient, a professional man, was twenty-seven years old. Even in his first interview he repeatedly made interpretations about himself and his wife that suggested that his intellectualization and his ambivalence about accepting the role of a patient would present difficulties in his analysis. His stated reasons for seeking analysis were that he was 'functioning at only ten per cent of capacity' and 'did not produce without pressure'. For three years he had had all the data needed with which to finish his Ph.D. thesis but had done nothing with it. He realized that without his degree he could not obtain a good professional position. He felt his negligence about completing his thesis was due in part to his fear of producing an inadequate paper; also, he could remain in a passive, dependent role if he did not obtain a good position. This difficulty began during college and increased as the years went by. He managed by maneuvering people with 'diplomacy, charming personality, and even temper', which, of course, was the way he related to me.

Other complaints were difficulties with his wife, with constant arguments and mutual provocation, and with his parents, particularly his mother; he could not decide whether to assume the masculine role of husband and father or to remain 'mother's boy'.

The patient was the older of two children; his sister was nine years younger. He denied any particular feeling about her birth but he had regularly showered her with gifts, many of which he had stolen. He felt that his mother, an aggressive, ambitious, controlling woman, had castrated his father, always nagging at him to be more of a man and depreciating him. She

early turned to the patient to make up for disappointments in her husband, but at the same time she infantilized him and blocked his efforts at growth and masculinity. The weak, passive father was uncompetitive and content to work in a factory. The patient never felt close to him and joined his mother in deriding him. Nevertheless he was sorry for him because of all the mortification he suffered at the hands of his wife. The stage was set early for the patient's problems in identification: strength and femininity were embodied in the mother, weakness and masculinity in the father. Even more confusing his mother incited him to fierce competition in school; indeed he won many awards in the early grades with compositions written for him by his mother. Despite the constant push to achieve, his mother kept him a baby. She took milk to him at school until he was nine or ten years old and one summer, confined him to the house lest he be exposed to poliomyelitis.

His life was spent as an only child in this setting until the age of nine, when his sister was born. With his peers he felt he did not fit in; he thought of himself as a sissy and was never sure of his role. Faced with the threat of mother's disapproval, he always 'did well' at school.

In his marriage he overtly assumed a passive and nonaggressive role while covertly he seethed with rage at the least slight or deprivation. His choice of a wife seemed to have been determined largely by her being weak, not especially feminine, and not threatening to him as a sexual partner. Prior to his marriage he had had no sexual contacts and his relations with women had been casual and shallow, he playing a passive role in the relationships. His parents objected strongly to his marriage. When he was twenty-four years old, they finally agreed but then became involved in constant discord with his wife. During these arguments the patient would stand by passively, wishing to act somehow but not daring, and secretly rather enjoying his central position.

A dream on the night before his first analytic hour gave some indication of things to come.

> I was in a laboratory conducting an experiment. A girl entered and we went out together. I was apprehensive because I was not supposed to be away, but later I returned and nobody was any the wiser.

This dream apparently represented his need to isolate himself from the analysis and indicated also the first entry into the analytic situation of the defense of reversal, of protecting himself against a dependent striving by an aggressive act.

Stealing, which to this patient had no connection with seeking analysis and was not a major problem, had begun following the birth of his sister. He would steal trifles and toys from five-and-ten-cent stores, giving some to his sister and keeping some himself. This stealing appeared to fulfil a variety of functions. First, in the face of intense dependent strivings stirred by his displacement by the younger sister, it served as a denial: 'I don't want what she is getting; on the contrary I enjoy having this rival around so much that I even want to give her things myself'. Thus he both identified with her and denied the identification at the same time. (Anna Freud describes this as an altruistic identification.) At another level he was defending against the anxiety stirred by his strong wish to be given things. By aggressively taking, he was saying in a sense: 'It's not true that I am weak; as a matter of fact I am quite strong, like mother' (identification with the aggressor). Not to be overlooked of course was the dependent gratification in his providing for himself something of which he felt deprived.

The stealing served still another function: after it was discovered by mother, she would punish him. He would then be filled with remorse but relieved of his guilt and temporarily close again to mother of whom he felt deprived. The act thus entailed all of the motivations described in the earlier literature on stealing: dependent id gratification, gratification of superego demands, rivalry with the envied object, and revenge or spite. At the same time it revealed the defensive aspect of the stealing; it protected him from the anxiety mobilized by his dependent strivings.

In later years he took more and more pride in his ability to 'get away with things', considering this a real accomplishment and a demonstration of strength. His petty thievery continued throughout life, even in his current job where he pilfered from the laboratory. He rationalized 'there is so much, it will never be missed', and he used the stolen items to avoid buying things for various home projects, feeling that only a 'weak sucker' would fail to take advantage of the situation. Except for cookies he stole while baby-sitting with his sister, the objects stolen never had particular symbolic significance. It is noteworthy that the stealing was more apt to occur when he felt deprived or humiliated in some way. His great pleasure was to find 'bargains' and 'put one over' on the seller. Humiliation was a recurrent theme in this man's analysis.

The analytic relationship mirrored the situations just described. It was marked by a constant seesaw between overwhelming dependency and his reactive competitiveness, always flavored with dishonesty—getting something for nothing or shirking the work involved—, followed by mounting anxiety. He would then return to passive dependency, feeling small, weak, and humiliated. His greatest fear was of being humiliated by being considered weak and inadequate, which was gradually related to a fear of facing and exposing his intense passive-dependent feminine wishes. Any confrontation with his dependent needs called forth shame and humiliation. The role of patient was for him a humiliation, to keep an appointment on time was a sign of weakness. He had repeatedly to affirm his strength by keeping another person waiting, and this was acted out early in his analysis. A good grade in school was for him not the result of effort but evidence of his having 'put something over', which then was a source of pride. To work on his thesis and acknowledge his wish and need for a Ph.D. was to admit to weakness. The strong thing to do, he felt, was to make it appear he had no need for the degree. Guilt connected with aggressive acts was manifest only when he was caught and faced with disapproval. The recognition of his

strong need for approval again led to feelings of weakness and humiliation. His stealing abated as he came to recognize its aggressive defensive nature, and as he made me the forbidding superego to whom he would have to confess and from whom he would meet disapproval. In time he came to think of the stealing itself as a weakness rather than a strength; in other words, it became ego alien.

After the analysis had been in progress for nearly two years, he reported an interesting, hitherto unmentioned matter: when he went to his own refrigerator to take out food (as he often did when he felt frustrated or rejected), he had the feeling that he was stealing, and he would look around to see if he were being watched. This material confirmed the idea of the defensive nature of his stealing. In the face of a feeling of rejection or frustration, his wish to receive was directly expressed in a wish to eat. Yet the feeling of smallness and shame stirred by the awareness of a dependent need, and the resultant anxiety, were defended against by the fantasy that he was stealing; that is, aggressively grabbing rather than expressing a passive need. It was as if he had a fleeting unconscious fantasy of being fed at the moment before he decided to 'steal' from his own refrigerator. His ego seemed to prefer facing superego anxiety rather than anxiety stirred by infantile id needs.

An illuminating incident occurred in the patient's third year of analysis which illustrated some of the behavior described earlier. One day he arrived a half hour early and asked that I be informed of his presence. He was told that I would see him when I had completed the session with the patient now in my office, who he was aware was a young woman who had begun her analysis some time after he began treatment. As he sat in the waiting room he became increasingly angry. He explained his behavior by the following reasoning: I would like to know he was there so that I could start earlier with him and thus go home earlier. (He had repeatedly denied the fact that another patient followed him.) He saw the previous patient leave and I called him in ten minutes earlier than usual. As soon as he got

into my office he expressed strong disapproval of my secretary for failing to inform me of his presence. Ignoring that he had seen my patient leave, he believed that he had waited fifteen or twenty minutes for me after her departure. When I confronted him with the fact that not over two or three minutes had elapsed between her leaving and his coming in, he was amazed. Analysis revealed his wishful fantasy that I be interrupted while with my previous patient, that I discharge her and immediately take him in so that he would not have to wait. Associations led to his feeling 'left out' as though he did not exist, repeating his childhood feeling when mother was preoccupied with his little sister. He became aware of the intensity of his own dependent needs and that his early arrival was not for my benefit but for his. His response to this was a feeling of shame, weakness, and humiliation. In the next hour he offered me as a gift a pipe he had just acquired—'a terrific bargain'. A friend had smuggled it into the country. This chain of events is a clear-cut illustration of strong defensiveness mobilized by his awareness of dependent strivings in his relationship with me, followed by an aggressive pseudomasculine act.

Among other such sequences was a dream of stealing which followed an argument with his wife that ended in her refusal to speak to him and his feeling 'out in the cold'. Another dream was of an act of sabotage which came after a humiliating recognition of dependency, stirred by my not giving him a 'special reception' upon his return from a vacation.

Psychic operations similar to this have been observed in at least two other patients who were seen in brief psychotherapy. Basic intense, unresolved dependency strivings were seen in both. One, a potentially successful business man of great ability, repeatedly failed in what could have been very profitable business ventures when, in the face of possible realistically motivated dependency on other men, he felt compelled to steal, with consequent disastrous results. He identified himself with his father, who took more pride in wealth acquired by theft

and subterfuge than in legitimately earned money. Another patient, a physician, damaged his practice by losing patients because he kept no records. The reason for this was to avoid paying income taxes—the evasion of which did more to bolster his faltering concept of himself as a man than could a more adequate income easily achievable by realistic and legitimate means. A colleague has told me of a patient who had great difficulty in accepting his dependency which he attempted to handle by stealing something immediately before coming to each therapeutic hour.

SUMMARY

As suggested by Alexander, Fenichel, and others, there is little doubt that my analytic patient's stealing represented an expression of infantile oral receptive attitudes, a spite reaction, a superego bribe, and a way of re-establishing a lost relationship. However, I should like to emphasize the concept, introduced by Alexander, elaborated by Menaker, and supported by Waelder, that many functions can be served by a single act. In certain cases, particularly where there is a strong need to reject underlying dependent strivings, stealing primarily represents an ego defense against anxiety. As in Menaker's boys, the psychopathological family setting, with weak father and phallically perceived mother, was clearly illustrated in my patient. The attempts to solve the bisexual gratification, the fluctuation between masculine and feminine roles, and confusion about them, were also clearly seen. Further he illustrated the type of superego defect which results from inability to identify successfully with the father and from fixation on the pregenital level. His passive homosexual attitude to the father, his failure to identify with him but his wish to be loved by him, and the attempt to identify with a phallic mother were also demonstrated. The most striking finding, however, was the reversal of a desire to be given into active taking, and the use of symptomatic stealing as a defense against passive pregenital wishes

for immediate gratification. Rather than the ego's operating passively as a mere tool for instinctual and superego expression, all of this implies definite defensive ego action.

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BOOK REVIEWS

THE SELF AND THE OBJECT WORLD. By Edith Jacobson. New York: International Universities Press, Inc., 1964. 250 pp.

Dr. Jacobson points out the increasing interest that has been centered upon the pathology and nature of identity, for which there is no generally accepted psychoanalytic definition and about which various authors express considerable difference of opinion. The importance of the concept at the present time seems to be due to an increasing need for a better theoretical and clinical understanding of 'borderline' and psychotic patients subject to severe regression leading to a deterioration of object relations and superego and ego functions with 'dissolution of those essential identifications in which the experience of our personal identity is founded'. The author has expanded her earlier paper on The Self and the Object World into the present volume.

The book scrutinizes not only the interrelating development of object relations, identifications, and the feeling of identity, but also the interplay between their vicissitudes and the building up of ego and superego. Its thorough and systematic approach is divided into three sections: a study of the Early Infantile, Precœdipal and Œdipal phases; Superego Formations and the Period of Latency; and a final section on Puberty and the Period of Adolescence. As we expect of Dr. Jacobson, she thoroughly discusses all the interrelating factors of psychic development and attempts to integrate them at each level of development, and carefully assesses controversial opinions. Certain sections of the book demand careful re-reading because of their complexity, while many most enlightening parts bring out important concepts with a free and ready exposition.

Dr. Jacobson carefully reviews the concepts of primary and secondary narcissism and masochism as they have been accommodated to an increasingly clear understanding of the development of the ego, the self, and the self and object representations within the ego. The self is seen as an organized entity including the body as well as the ego and its self-representations and the id and superego. The author points out that 'primary narcissism' could very well apply to what she speaks of as the primal physiological undifferentiated self in the infant, in whom is present a diffuse and undiffer-

entiated energy which can be discharged outwardly, or in sleep inwardly in the form of silent physiological processes. Thus primary narcissism is an early state without energic or structural differentiation. This theoretical possibility means that regression later in life includes both structural and energic regression, and that in clinical states with impoverished libido and excessive aggression we may be dealing with a partial retransformation into undifferentiated energy.

By identity formation the author understands 'a process that builds up the ability to preserve the whole psychic organization as a highly individualized but coherent entity which has direction and continuity at any stage of human development' and 'depends upon the effectiveness of synthesizing, organizing functions of the ego. Normal identity formations appear to rest on the ability to develop and achieve an optimal secondary autonomy of superego and ego.' Jacobson questions the concept of Kurt Eissler, which implies a new structure arising at adolescence. In a similar way Erikson seems to place the focus entirely upon pre-adolescence and adolescence and 'disconnects identity from identifications, and both from object relations, and object relations from those conflicts around which the emotional turmoil and disturbances' of adolescence are centered as a result of psychobiological changes. Jacobson believes that Lichtenstein, who sees identity as a function needed for escape from symbiosis, oversimplifies the problem, leaving out the important roles of aggression and capacity for adaptation to the environment. Throughout it is repeatedly stressed that one must trace development through all the stages of childhood as well as adolescence to gain criteria for normal identity.

Dr. Jacobson then considers the early undifferentiated months in which child and mother are empathically attuned to each other. In a full discussion of infantile orality it is pointed out that memory traces left by any kind of libidinal stimulation or gratification in the past will tend to cluster around the original visual-oral experience with the breast which is equated with mother. During this early period crawling, standing, walking, and talking are stimulated by the pleasure-giving attentions of the mother and lead to functional activities. The first real differentiation arises around the third month, but for some time there is frequent refusion which in itself is probably the earliest type of identification. This is followed

by identification on the basis of imitation which is at first of magical 'as if' type but later develops into imitation as a more individuated independent being. Some sense of identity arises at about two and a half when with the acquisition of the ability to walk and talk there develops a sense of 'I am I'. The perception of being like the object is important in the early process of differentiation and formation of identifications, but it is very probable that the awareness of differences from the objects which may lead to envy and rivalry are of even greater importance. Dr. Jacobson stresses the fact that the selective identification of the ego and superego occur together with continued object relationships and tend to neutralize aggression rather than release it. The part played by aggression as an essential component in development of the self and identity is consistently stressed throughout the book.

In the section on the development of sexual identity there is careful consideration of the importance of the whole body and mental self as well as of the genitals themselves. Dr. Jacobson notes that even in overt homosexuals of both sexes identifications with a loving, dominant, phallic mother usually lead to a stable identity, while identifications with a suffering, castrated mother lead to serious problems of identity. With establishment of sexual identity much energy is released and becomes available for ego development and interests. The essential purpose of ego functions and actions is always the pursuit of object-directed activity and presupposes an enduring libidinal cathexis of both object and self-representations. The same is true of affects and feelings.

One of the most rewarding parts of the book is the section dealing with superego formation and the period of latency. Dr. Jacobson believes that the superego, including the ego ideal, is in part determined by innate factors and that true superego autonomy implies freedom from pressures by its early precursors. Although the foundations are laid down in the first years of life, a definite system arises only with the passing of the œdipal conflicts. Precursors of the superego develop in the preœdipal stages as isolated reaction-formations. The most important of these precursors center around the reaction-formations in the anal period which result in turning of aggression from the object toward the self, with development of disgust and shame as well as new aims and efforts. During the early oral period values are shaped around pleasure and unpleasure, but

at this later period power and omnipotence in the parental figures displace this earlier value system. The dangerous sexual and aggressive tendencies toward the parents and their general devaluation leads to reactively intensified opposite strivings, with admiration and overestimation of the parents. The idealized self-images and object-images which begin to arise protect the object relationships and heal the narcissistic wounds. This is clearly seen in the boy, whose greater hostility to father leads to greater idealization of him than of mother.

With the renunciation of the primitive libidinal and aggressive striving toward the parents and the availability of this libidinal and aggressive energy, it becomes possible for the superego components to be integrated and superego identifications to proceed with creation of a firm moral code and displacement of conflicts to an inner mental stage. The author believes that not only the renunciation of the incestuous castration and death wishes toward the parents but also the increasing identification with the reactive idealized parents makes it possible to develop this new system. Of equal importance is the rapid ego development at this time, with an advance from a concretistic self and object imagery to conceptual, abstract, and discriminating understanding of the parents' personalities, of their characteristics, their superego standards, their ideas, opinions, attitudes, and wishes. As an autonomous central system for regulation of libidinal and aggressive cathexis of the self-representations, independent of the outside world, the superego is less concerned with external success or failure than with inner harmony or discordance between its moral codes and ego manifestations. This also leads to the maintenance of a sufficiently high level of self-esteem with limited vacillations. I would note, however, that the superego-ego ideal as a functional system does not have the same simple basis of biological development and availability for observation and study as the id or ego functions. We have a heavy investment in this least well-defined structure, because within its possibilities are contained much of our hope for man's existing with continuity as a creature with consistent values and self-directed, controlled behavior. We must be careful and tentative in our formulations, as is Dr. Jacobson.

In the chapter on developmental trends in the latency period there is an excellent study of shame, inferiority feelings, and guilt,

with a delineation of their origin and their influence upon the final formation of identity and its possible pathology. The author accentuates the fact that guilt is always referable to hostility to other people. Feelings of shame and inferiority are related to narcissistic exhibitionistic trends which imply feelings of contempt for weakness. Predominance of shame and inferiority are usually indicative of a narcissistic disturbance, which will lead to problems of identity.

The last section of the book deals with the problems and developments during puberty and adolescence and their effect upon post-adolescent identity formation and personality development. The author states that the adolescent 'in climbing up the tortuous ladder to adulthood, seems to experience at every new step anxiety, confusion, disorganization and a return to infantile positions, followed by propulsion and reorganization at more advanced and more adult levels'. During adolescence the struggle for maturity and liberation from the family bonds finds important support from remarkable modifications and new structures within the ego and superego. The rapid growth and change necessitates continuous readjustment in self-representations. There is gradual development of a view of the world that includes not only moral and ethical ideals but also opinions about nature, culture, social factors and sexual, religious, and general intellectual problems. In post-adolescent identity formations and development of personality, ego development is increasingly based on self-critical judgments and autonomous trends of the ego, which in conjunction with the earlier identifications and development bring about later identity formation. Jacobson emphasizes the observation that intersystemic conflicts as seen in psychoneuroses and depressive states do not usually affect identity except in the sexual sphere. Intrasystemic conflicts, which result from conflicting attitudes of parents or divergent attitudes in the social group, tend to lead to problems of identity. The author discusses in detail post-adolescent difficulties in object relationships, identifications, and identity formation, and offers clinical illustrations. The effect of maternal and paternal attitudes which are essentially narcissistic, or in which a symbiotic union of child with mother or both parents has been steadily maintained by the parents from birth to adulthood, is carefully delineated. This section of the book is rich in clinical material and illustrates the

pathological developments at various stages and their effect on identity.

In conclusion, this volume, with its wealth of information and careful construction of the various periods of development which lead to and affect formation of identity, is well organized and the important trends and factors in development are consistently developed throughout the book. I believe that no one deeply interested in psychoanalysis can afford to miss reading and re-reading this contribution, which I have found of the utmost value in my own thinking and understanding.

A. RUSSELL ANDERSON (BALTIMORE)

INTRODUCTION TO THE WORK OF MELANIE KLEIN. By Hanna Segal, M.D. New York: Basic Books Publishing Co., Inc., 1964. 118 pp.

In this concise volume Dr. Segal has outlined the basic theoretical assumptions which in her opinion determine the clinical orientation of contemporary Kleinian psychoanalysis. For readers essentially unfamiliar with this point of view and its implications, her presentation, which is clearly written and illustrated by vivid clinical examples, may usefully serve as an introduction. The more difficult and obscure formulations of Melanie Klein herself, and many of the recent significant contributions of her students, are relatively neglected in the curricula of most American Institutes. Kleinian orientation is, however, currently determining the training and practice of a significant proportion of Latin-American psychoanalysts. It is, therefore, to be hoped that Dr. Segal's introduction is being widely read in the United States.

The value of this presentation as an elementary text is enhanced rather than diminished by its somewhat dogmatic simplicity. These same qualities and the related failure to discuss a number of controversial issues may, however, prove disappointing to psychoanalysts who are well versed in this very difficult approach to both theory and practice. It was understandable that Melanie Klein herself made no attempt in her later years to delineate certain areas of convergence and overlap between her own contributions and those approaching early stages of psychological development from different points of view, using different tools of investigation. The same

allowances, however, cannot be extended to younger analysts who are utilizing her pioneer work as the basis on which further developments may follow. Therefore, in so far as Dr. Segal follows in Mrs. Klein's footsteps without raising questions, her introduction does not further increased communication. Moreover, her tendency to cite fragmented quotations from certain of Freud's papers, making no reference whatever to later contributions, gives her presentation an old-fashioned, somewhat anachronistic appearance. Gratitude even according to the Kleinian definition should not demand uncritical or undiscriminating loyalty. Progress and growth require adaptive and selective integration of new knowledge with old.

In reviewing this book it is clearly essential to make a differentiation between its value as an accurate outline of Melanie Klein's definitive orientation and an assessment of the current status of this school of thought in respect to theory and practice. Apart from her reference to Bion's contributions, Dr. Segal has, I believe, epitomized the position that Kleinian psychoanalysis had reached at the time of its founder's death. It is highly unlikely that this position can remain static. The growth and development of her former students during this period of time will inevitably determine the direction of future contributions. Whether and how far this will lead toward integration with or further separation from other schools of analytic orientation will depend on many factors. Unless, however, the more gifted of her students continually review and revise her original and provocative hypotheses, mutual understanding will not be increased.

In this context it is important to recognize that many psychoanalysts who continue to appreciate and to utilize Melanie Klein's illumination of the importance of early object relations regard some of her other hypotheses with considerable reserve. For example, her concept of the death instinct has always been subject to considerable controversy and discussion. The problems relevant to her reconstructions of early fantasy life and its manifest œdipal content will be familiar to most readers. As already indicated in my review of Envy and Gratitude,[1] there was, finally, much to suggest that in her later years Melanie Klein was moving away from, rather than toward, the main stream of psychoanalytic thinking. Her concepts of envy, of early splitting, and of projective identification re-

[1] This QUARTERLY, XXVII, 1958, pp. 409-412.

main the subject of considerable controversy. Dr. Segal's presentation is didactic and explanatory rather than reflective and critical. Each of Melanie Klein's basic theoretical assumptions is presented with clarity and lack of compromise. This may increase our awareness of important differences of orientation. Conversely, Dr. Segal reveals, to this reviewer at least, the dubious grounds on which certain of these premises are based.

The Kleinian school of thought, like that of another British psychoanalyst, Fairbairn, assumes for example that the ego is capable from birth of experiencing signal anxiety, instituting defenses, and forming object relations. No objective evidence is given to support these very hypothetical assumptions. Dr. Segal, moreover, answers the suggestion that certain fantasies 'arise later and are retrospectively projected into babyhood' by a summary dismissal. 'This', she says, 'is surely an unnecessary additional hypothesis'. Dr. Segal assumes the existence of the ego at birth; yet she cites in support of the influence of object relations on ego formation a quotation from The Ego and the Id: 'The ego is a precipitate of abandoned object cathexis'. If the latter statement is true, how can an ego be assumed to exist at birth before object relations have been initiated?

This controversial hypothesis of an ego that is operative from birth constitutes the essential foundation stone on which, in both English schools, concepts of cleavage or splitting have been constructed. A hypothetically unitary ego turning toward a single object, the breast, is assumed to exist from the moment of birth. Unlike Fairbairn, however, Melanie Klein and her school also propose an innate dualistic instinctual endowment. The infantile ego is thus immediately confronted with the conflict between the life and the death instincts. The unitary ego cannot survive this onslaught. It thus 'splits itself and projects that part of itself which contains the death instinct onto the original external object, the breast'. Not only during the early months of life, but to differing degrees at all times, the ego must defend itself against the anxiety aroused by its own death instinct by projective identification and splitting of both ego and object.

No reference is made in Dr. Segal's presentation to long-standing and continuing differences of opinion in respect to Freud's concept of the death instinct and its relation to aggression. How and in

what manner a part of the ego can contain the death instinct and at the same time be projected into an external object is not conceptualized. Dr. Segal's conviction that it is 'simpler' to assume an originally unitary ego which is actively sundered than to regard positive and negative experiences as originally separate can only be understood on the assumption that Kleinian instinct theory and the related concept of anxiety remain unquestioned and axiomatic.

Although Dr. Segal notes that the infantile ego is largely unorganized, the lack of organization she implies is not well defined. This infantile ego is clearly endowed with enough perceptual discrimination to be capable of envy, which is conceived as operative from birth. This concept, like that of a unitary ego capable of object investment, implies some degree of differentiation of self-object during a period of life when the perceptual apparatus is not fully developed. Such concepts, although they facilitate Kleinian reconstructions, will need considerable validation before they can seriously influence psychoanalysis as a whole.

During her own lifetime Melanie Klein worked in the direction of classical psychoanalysis, namely, from the more to the less mature periods of psychic development. Her concept of the depressive position and the impact of early object relations was proposed before the more controversial hypotheses relevant to the paranoid position and projective identification had been clearly delineated. Dr. Segal, in presenting Kleinian concepts in terms of the development of the infant from birth, is working in the reverse direction. It is therefore noteworthy that her thesis becomes more understandable and more compatible with the work of other analysts as she approaches the depressive position. Although Kleinian timing and the hypothesis of early œdipal fantasy remain questionable, many of Dr. Segal's statements are compatible with propositions put forward by more traditional analysts.

Good real experiences, for example, appear to be as important for optimal development in Dr. Segal's presentation as they are in approaches of very different orientation. The capacity to perceive and to identify with a predominantly good object is also regarded as an essential prerequisite to optimal development. Dr. Segal's discussion of differentiation of self and object and mastery of the depressive position thus points to the area in which Kleinian psychoanalysis comes closest to the work of other contemporary analysts.

The Kleinian approach, however, involves significant differences in respect to emphasis. These differences not only concern theoretical reconstruction but also determine clinical technique.

The more traditional analyst does not regard the dichotomy of good and bad experience which precedes differentiation of self-object as the result of active intrapsychic defenses. He conceptualizes rather a psychic apparatus which has not yet achieved the capacity to integrate or to internalize various perceptions. The major areas of mental life re-experienced during traditional psychoanalysis concern the periods which follow rather than precede this crucial differentiation. Dr. Segal and the Kleinian school attribute, in contrast, the separation itself to active defensive efforts which are gradually but never fully relinquished. Mastery of the depressive position is thus regarded as the basic achievement which will largely determine future mental health. Projective identification, splitting, and envy inevitably re-emerge in transference analysis and, indeed, these primitive defenses often appear to overshadow the later stages of the infantile neurosis. The fact that Dr. Segal's Introduction to the Work of Melanie Klein appears to conclude at a period of life before the infant has learned how to walk indicates the gulf which still separates this work from the rest of analytic theory and technique.

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CHILDREN TELL STORIES. AN ANALYSIS OF FANTASY. By Evelyn Goodenough Pitcher, Ph.D. and Ernst Frelinger, Ph.D. New York: International Universities Press, Inc., 1963. 256 pp.

The importance of fantasy in the course of normal development, and in the causation of neurosis, has been emphasized from the earliest days of psychoanalytic psychology. Some workers have attempted to define different types of fantasies, their development and course, others to determine its nature as a form of primitive thinking. All who work in this field agree that there are certain universal fantasies which enter into and affect normal mental development. Often the overt form of a fantasy has behind it a latent form (to borrow the terminology of dream psychology), which can be discovered only by analyzing the associations of the person who has the fantasy.

The authors of this book, while recognizing the importance of this last statement, have undertaken to determine what might be learned from the manifest content of stories told to them by children ranging from two to five years of age. They analyze the form and content of the stories, although aware that they are unable to obtain the related associations which would confirm their speculations about the meaning of the fantasies. They bring together a fascinating collection of stories by a number of children of different ages. The increasing complexity of the stories shows impressively how the ego apparatus matures during these formative years.

The authors theorize that a fantasy is mobilized by drives (or combinations of drives) that determine both aim and object of the fantasy. Formation of fantasies is therefore modified by the forces that tend to control, channel, or otherwise modify the drives that underlie them. Analysis of three hundred sixty stories told by children shows how the fantasies and the way they are told are determined by the child's level of development and by his experience of nature, his culture, the people he knows, his own personality, and biological factors such as differences in sex. Referring to the psychosocial modalities described by Erikson, the authors demonstrate the presence of specific 'issues' at different stages of development, as reflected in the changing forms of the stories at different ages.

All in all, Drs. Pitcher and Frelinger have provided material for much thought. Since they have recognized both the limitations of working with the manifest form and the possible alteration in the fantasy resulting from the presence of the observer and recorder in the experimental situation, they display a well-developed scientific methodology. Another implied limitation might be explicitly stated. Each of the three hundred sixty stories is from a different child; it would be informative to trace the changing form of 'stories' given by the same child over a period of several years, say from ages two to five. In this way, one might find that the same basic fantasies are at work in a given child and it would be possible to determine more clearly the role of development of various ego functions, including the defensive structures. Here may be another undertaking for these authors who have worked so carefully in what they have done.

EDWARD D. JOSEPH (NEW YORK)

THE PSYCHOANALYTIC STUDY OF THE CHILD, VOLS. XVII and XVIII. New York: International Universities Press, Inc., 1962, 1963. 493 pp.; 661 pp.

Volumes XVII and XVIII of The Psychoanalytic Study of the Child offer forty-three papers on subjects collected under the headings of contributions to psychoanalytic theory, to normal and pathological child development, to clinical and applied psychoanalysis. The policy of publishing clinical and theoretical material from both child and adult analyses and from practice and research has proved a fruitful one. Psychoanalysis is essentially a genetic developmental psychology. Any psychoanalyst may find the data and implications of psychoanalytic treatment and research studies of children valuable to his understanding of normality and of psychopathology; this annual demonstrates the reciprocal contributions which general theory building and adult psychoanalyses make to the continuing refinement of our knowledge of children as well as of adults. Helene Deutsch has spoken recently of the warm interest all analysts felt in the early child work in Vienna; this annual has played an important role in closing the gap built up in the intervening years between child analysis and adult analysis.

A reviewer confronted with eleven hundred odd pages from two volumes of an annual holding a unique position in psychoanalytic literature will vary his comments according to his impression of those papers he believes of general interest to psychoanalysts and of others which hold a particular significance for him. While each of these forty-three papers is worthy of perusal, they vary in intent, format, and range.

The theoretical papers of Volume XVII reflect the current interest in superego concepts, four of six in the section concerning this topic. Hartmann and Loewenstein in Notes on the Superego recognize this trend and place their formulations regarding superego and ego ideal within the context of the more differentiated knowledge of the development and functions of the ego available to us today. They disagree with the tendency to ascribe to the superego all that opposes the child's instinctual drives from within, before the superego is fully formed. They agree that such phenomena and functions may be connected genetically with the system superego but

emphasize that the distinction between function and genesis is an invaluable one to maintain.

In this tightly reasoned and wide ranging discussion, Hartmann and Loewenstein cover comprehensively theoretical considerations proposed by Freud and others, clinical findings, research data, and concepts from other fields. They attain a clear, valuable statement of their views of the development, structure, and function of the superego; in the course of doing so they propose a number of fascinating questions for further investigation in case study or formal research.

Jeanne Lampl-de Groot in a paper entitled Ego Ideal and Superego presents a lucid case for a somewhat different point of view from that of Hartmann and Loewenstein. She believes that the ego ideal, essentially an agency of wish-fulfilment, and the restricting superego, necessary for living in a given community, originate alongside each other as primitive forerunners in infancy. Special ego areas with their own functions, they are at the onset of the latency period both centered upon the parental images. They act together in harmonious development guiding the ego in its achievements. In pathological development, fixations on and regressions to earlier developmental stages give evidence of the separate origins of superego and ego ideal.

Sandler and his colleagues at the Hampstead Clinic present their current schema for the classification of superego material in the Hampstead Index. The six main headings with definitions and criteria for classification along with illustrative examples are given: I, Characteristics; II, Sources; III, Contents activating the Superego System; IV, Ego Responses; V, Regulation of the Feeling of Well Being; and VI, Extent of Organization and Structuralization.

The following paper, The Concept of the Representational World by Sandler and Rosenblatt, continues the examination of traditional and differing concepts of the formation and development of the superego. They point out that the task of classifying actual child analytic data in terms of the classical model of the superego uncovered many confusions and inexactitudes. As the Hampstead group constructed a theoretical model which contained their material satisfactorily and did no violence to Freud's statements on superego and ego ideal, they found that their concepts of the child's subjective world occupied a central role in their consid-

erations. This paper deals with the implications of their understanding of the representational world. It is far too complex an argument to be summarized briefly; this contribution, the result of a progressive interaction of theory and observation, deserves the careful study of clinicians and theoreticians. Its final test, as the authors observe, must be its wide applicability to clinical observations.

Kurt Eissler in his essay On the Metapsychology of the Preconscious takes issue with those analysts who see no need for topographical hypotheses or find them incompatible with the structural concepts. He believes that the full consequences of Freud's introduction of the concepts of ego, id, and superego have not been worked out and notes that Freud himself indicated the need for retaining the terms conscious, preconscious, and unconscious as designating the psychic qualities of the mind. Eissler deals with the question of the pathways of communication among the three provinces of the personality, indicating that the present topographical division of the ego, superego, and id does not account for this fundamental function.

The section on child development is introduced by Anna Freud's Assessment of Childhood Disturbance. Miss Freud outlines briefly the difficulties in diagnosis of children's emotional disorders and the reasons for the ineffectiveness of different attempts in this direction. She describes the rationale for the Hampstead Diagnostic Profile, which is initiated by the referral symptoms of the child, his description, his family background and history, and an enumeration of the possibly significant environmental influences. From these, the Profile proceeds to the internal picture of the child which contains information about the structure of his personality; the dynamic interplay within the structure; some economic factors concerning drive activity and the relative strength of id and ego forces; his adaptation to reality; and some genetic assumptions.

The task of assessment which the diagnostic team begins must be continued by the child analyst from the stage of initial diagnostic study into and through the stage of therapy. This comprehensive metapsychological picture of the child provides far more than guidelines to the immediate plans for therapeutic management: it can contribute to our knowledge of earlier stages of functional disorders, distinguish relatively transient from permanent pathology, and in general increase insight into the developmental processes

themselves. The Hampstead Diagnostic Profile has already made a deep impression upon students of child development and child analysis in several countries: further elaborations in the psychoanalytic literature are eagerly awaited.

Decline and Recovery in the Life of a Three Year Old is an unfinished essay of Ernst Kris. It concerns a little girl who had recovered from physical retardation and developmental arrest following upon experiences of pronounced emotional deprivation during her first year of life. The data used came from the Yale Child Study project which Kris describes in some detail to illustrate in what respects they varied from the usual material available to psychoanalysts. His note on the significance of the characteristics and procedures of this research project in longitudinal child development is in itself a valuable commentary upon the methodolgy and, further, an indicator of the type of contributions to psychoanalytic understanding such a research study can make.

The essay opens with a vignette of the lively and contented three-year-old in the play-yard as her mother comes to take Anne home. The question to be explored is stated: how to account for her earlier development, decline, and subsequent recovery? The material from past observations is described according to the following scheme: first, some biographical information about the parents, next, data regarding the pregnancy, delivery, and early child care, and third, Anne's history. The essay describes the period of the little girl's decline during her first year, presents a discussion of the deficit and provocation in the mother-child contact, and ends with a section on Anne's anxiety and despair.

In the discussion and in the footnotes, a number of suggestions, comments, and hypotheses are presented which have already stimulated other studies by members of the Yale group. Although there are no indications of how Kris planned to finish the essay, whether he intended to pursue one or another of the various possibilities he had mentioned, or, indeed, to amend what was already written, the essay is for many reasons a peculiarly satisfying paper. It is an artistic creation in which the little girl and her family are caught in a vivid portraiture conveying past, present, and future elements as case reports rarely succeed in doing. It is a scientific presentation which illustrates the quality of understanding of the individual child in his family surroundings attainable in a psychoanalytic study of

child development. It illuminates the nature of the parent-child interplay and demonstrates the intricate and delicate forces at work in the interactions of the infant with the emotional climate of his home, his influences upon his parents, and theirs upon his development. We are grateful to the editors for their decision to publish the essay as Kris left it among his papers.

Seymour Lustman's paper, Defense, Symptom and Character, utilizes the data of a child analysis to trace the vicissitudes of two sharply delineated behavioral patterns, a symptom of cleansing and an attitude of 'bravery'. He discusses the problems of research design in studying such an issue as character and symptom formation and points to the great advantages of child analysis as a research tool in such an investigation. Lustman illustrates the intimate relationship between defense, symptomatic act, and character formation in his young patient whom he saw in analysis from four to eight years of age. He believes that a basic character structure consonant with it underlies all symptom formation. A developmental direction may determine the predominance of one over the other. The differences in his patient seemed related to the degree of internalization of parental ego ideal and superego demands and conflicts, the former being more likely to become elements of the ego while the latter are more peripheral to the ego core.

The section on clinical contributions is opened by a paper on Patterns of Aggression in School Phobia, one of a series of publications by Coolidge, and others from the Judge Baker research studies. The authors examine the difficulties of the mothers in dealing with their own aggression and the repercussions upon the attitudes toward the child. The findings of the six-year study indicate that specific events in the lives both of the child and of the mother intensify the precariousness of their equilibrium just prior to the onset of the acute phobic disturbance. Further investigation reveals the presence of a mutual chronic separation anxiety which may be re-enforced by the attitudes of the father or other family members.

Marjorie Sprince reports from the Hampstead Clinic upon the simultaneous analyses of an adolescent girl and her mother, a companion piece to Levy's paper on the mother, appearing in this annual (XV, 1960). In this research study, the nature and implications of the precœdipal tie between the mother and daughter could be

carefully investigated. Although the girl moved from her libidinal investment in the original object and heterosexuality was finally established, the forward movement appeared labile and dependent upon specific factors. The relationship with the man repeated many aspects of the infantile ties to mother and to father and the man had to become part of the actual family circle. Particularly valuable is the discussion of Debby's proneness to regression and the various factors which contributed to the continuing ego weakness. The limitations of psychoanalysis in reversing ego damage in certain instances are thoughtfully considered.

The contents of Volume XVIII represent from several points of view continuations of the predominate themes of Volume XVII. The pursuit of clarification and refinement of different aspects of the structural theory is continued in two papers by Leo Rangell, The Scope of Intrapsychic Conflict and Structural Problems in Intrapsychic Conflict. In the first, Rangell elucidates the complexity of the procession of intrapsychic events in which conflict plays a part, illustrating that it comprises a crucial link in the chain of events but is not the whole process. While he painstakingly separates each discrete succession of psychic phenomena, he concludes that they may take but a moment to exert their effects, or conversely may lead to a prolonged almost static behavioral process; he offers clinical vignettes to illustrate the variability and range familiar in psychoanalytic practice.

In his second paper, Rangell surveys the range of inter- and intrasystemic loci for intrapsychic conflicts. He concludes that a central and major ego function not identical with its organizing or synthetic functions is the decision-making operation whereby choices between conflicting elements both outside and inside its own borders and decisions for action are made. Each activity ranges over a spectrum from conflictful spheres to more neutralized, and relatively conflict-free, problem-solving activity. Rangell believes that the superego is a locus for intrasystemic conflicts but relatively less so and in only a secondary way as compared with the ego. Whereas the ego can achieve considerable autonomy from conflicts, drives, and even from the superego, the superego can do so to a much less degree. While both the superego and the id can initiate conflict, the ego largely suffers it.

Sandler and colleagues from the Hampstead Clinic continue their

reformulations necessitated by the practical task of indexing child analytic material. The papers on a Model of Superego Functioning and of the Representational World preceded this critical survey of theories of The Ego Ideal and the Ideal Self. The authors trace Freud's varying views of the ego ideal and outline more recent theoretical propositions, pointing out areas of confusion and disagreement which complicated the attempts to index clinical material under the heading 'ego ideal'. They found that in children of varying ages, they could not differentiate an ego ideal system or structure as functionally distinct from the ego and the superego. Starting from their views of the superego in terms of what they have called the representational view of the world, the authors develop their concepts of the ideal self to which the idea of the shape of a representation of self or object is particularly relevant. This is the particular form or character assumed by that representation at any given moment, determined by the pressures of the id, the requirements of the external world, and the standards and demands of the introjects. The special economic gain through constructing an ideal self on the basis of identification is emphasized. One of the shapes which the self-representation can assume is what we can call the ideal self, that is, that which at any moment is a desired shape of the self, the one which would yield the greatest degree of well being for the child, the highest degree of narcissistic gratification, and the minimal quantity of aggressive discharge on the self.

Seymour Lustman's contribution, Some Issues in Contemporary Psychoanalytic Research, is an important appraisal of the current atmosphere of research in the United States and of the implications this climate has for research in psychoanalysis. He demonstrates that the nature of psychoanalysis makes it impossible to compress the psychoanalytic field into the mold of a nineteenth century concept of physics and the physical experiment. Yet the pressures from without and within psychoanalytic circles to attempt research methods based upon the latter concepts are strong: one consequence is the obligation for analysis to maintain a critical self-inventory of its methods. Lustman feels keenly that for its development as a research method, psychoanalysis must develop internally and toward this direction the logical step would be for institutes to set up and finance their own full-time research sections. The other alternative, which is not excluded, is the participation of analysts in multi-

specialist projects in universities if these arise from a spontaneous wish to collaborate in a suitable intellectual climate. Lustman's thoughtful warning essay contains comments upon the role of the university and of departments of psychiatry at a time during which something very important may be lost if the community of free scholars and the communication so made possible within the university, are altered. He makes it clear that psychoanalysis has a vital stake in these developments and analysts need to participate in the thoughtful re-evaluation he regards as crucial.

The section on Normal and Pathological Development similarly continues themes pursued in the previous volume. Anna Freud describes in The Concept of Development Lines assumptions underlying the Diagnostic Profile and enlarges the scope of her view presented in New York in her 1960 lectures. Developmental lines are historical realities, conveying a convincing picture of an individual child's personal achievements or of his failures in personality development. They include the basic interactions between id and ego and their various developmental levels, and also age-related sequences of them, which in importance, frequency, and regularity are comparable to the maturational sequences of libidinal stages and of the gradual unfolding of the ego functions. Whatever level has been reached by a child in any one respect represents the result of interaction between drive and ego-superego development and their reaction to environmental influences.

Among the seven other papers in this section, I shall refer to two which contribute particularly to psychoanalytic understanding of child development. The first, by Sibylle Escalona, is a report of her detailed analysis of data from six-month-old infants who were subjects of an earlier study, first reported in 1952. In Patterns of Infantile Experience and the Developmental Process, Escalona concentrates upon the central theme that very different actions on the part of mothers may have very similar impact upon the child's experience as reflected in behavior, and conversely, that similar or identical external stimulation may have varying and opposite consequences in the direction in which they alter behavior. Two categories of variables, environmental and organismic, converge and reciprocally interact in shaping the moment-by-moment and year-by-year experience of the growing child. The assumption of a reciprocal relationship among influences which in their totality make up

the child's experience should make unnecessary the distinction between maturation and learning when these terms are applied to aspects of the developmental process.

Margaret Mahler in Thoughts about Development and Individuation brings into the context of her well-known concept of the separation-individuation phase data from her present research studies of normal babies. From examples of specific infants, Mahler seeks to show how the libidinal availability of the mother facilitates the optimal unfolding of innate potentialities. This factor contributes to or subtracts from harmonious synthesis of the autonomous functions in the service of the ego, the neutralization of drives, and sublimation by activating or temporarily hindering the flux of developmental energy. Mahler is impressed by the abundance of developmental energy available at the period of individuation to an extent seen at no other period of life with the exception perhaps of adolescence.

Among the nine clinical contributions are Dorothy Burlingham's Study of Identical Twins, Eissler's Notes on the Psychoanalytic Concept of Cure, Liselotte Frankl's Self-Preservation and the Development of Accident Proneness in Children and Adolescents, and Janice Norton's Treatment of a Dying Patient. Burlingham's paper, written with Arthur Barron, compares the analyses of twin boys first observed in early childhood and brings reports of their adult status. Their life vicissitudes as individuals and as twins both before and after their separation in mid-adolescence are described. The very considerable amount of data is organized under a number of headings, one of the most interesting being the boys' antisocial development. The intricate factor of twinship is retained as a central focus, a valuable continuation of the themes found in Mrs. Burlingham's 1952 book.

Janice Norton's Treatment of a Dying Patient is an unusual, sensitive, and provocative account of her therapeutic experience during the last three and one-half months of life of a gallant and articulate woman. Because all the figures who ordinarily listen to dying patients had already relinquished their roles, Norton was faced with the choice of allowing this patient to die a lonely and miserable death or of trying to relieve her suffering as much as she could. The report was written because of the rarity of such cases in the literature and because of its theoretical and therapeutic implications.

Norton suggests that, following Eissler's formulation of 'the gift situation' to the dying patient, the really crucial gift the therapist can give is that of himself as an available object. Norton believes she helped defend this patient against object loss by facilitating the development of a regressive relationship which precluded object loss. She illustrates by the delicacy, courage, and awareness of her own response that an essential prerequisite of therapy with the dying is the conscious acceptance of the countertransference reactions. The acceptance and use of these inevitable responses can be most therapeutic for the patient.

EVEOLEEN N. REXFORD (BOSTON)

RECENT RESEARCH ON SCHIZOPHRENIA. Edited by Philip Solomon, M.D. and Bernard C. Glueck, Jr., M.D. Washington, D. C.: American Psychiatric Association, 1964. 205 pp.

This research report of the American Psychiatric Association bypasses matters of definition and gives approximately equal space to the psychosocial and organic approaches to schizophrenia. Each presentation is followed by a discussion. The discussions lend great value to the volume; in many instances the discussants add a conservative view to balance the overenthusiasm of the investigators.

Eldred and his co-workers most interestingly demonstrate the barrier that exists between staff and patient, the staff speaking mainly to staff. Several papers about milieu therapy are equally interesting. The presentation by Herbert Rosenfeld offers an approach to the psychotherapy of schizophrenics based largely on Kleinian psychoanalysis. The discussion by Zetzel compares the Kleinian theory to current psychoanalytic thinking in this country and she finds areas of increasing convergence.

The second half of the book, devoted to the somatic aspects of schizophrenia, has a less constrained quality than the half devoted to psychosocial aspects of the illness. Kallman amasses evidence that there is a significant genetic factor in schizophrenia but his discussant is not equally convinced. Klerman and his co-workers are convinced of the efficacy of phenothiazine drug treatment, but again their discussant was not equally convinced. Friedhoff reports an abnormal substance in the urine of schizophrenics but his discussant

raises a question of possible error. Heath suggests that schizophrenia represents an inherited biological error and he isolates a substance from the blood of schizophrenic patients. The discussants are 'startled' by the findings and ask how typical are the sample records and of what are they typical.

The volume interestingly accomplished its purpose.

MORRIS W. BRODY (PHILADELPHIA)

THE TRANSITION FROM CHILDHOOD TO ADOLESCENCE. By Yehudi A. Cohen. Chicago: Aldine Publishing Co., 1964. 254 pp.

This book is of interest to psychoanalysts who wish to supplement their knowledge of children with data from societies other than our own. Cohen has performed a herculean job in personally examining 'complete ethnographic reports' on sixty-five cultures to ferret out facts and correlations of which theoreticians concerned with psychoanalytic developmental psychology should be aware. He found this method more rewarding than merely referring to the Cross-Cultural Files at Yale, a more convenient and conventional practice. The data uncovered are rather extensive and I will refer to only a few. He found that extrusion (the dislodgment of a child, usually a boy, from his household) and brother-sister avoidance occur at eight or nine years of age. He also noted the rise in sex hormones that occurs at that age. And he observed that these customs occur more frequently than do initiation ceremonies of puberty. The following correlations are quite remarkable: when the child is taught by his parents *and* descent group, extrusion or brother-sister avoidance is almost universally present; in sixty-six per cent of the societies studied puberty rites are also performed. When a child is taught by his parents and by *nonmembers* of his descent group, extrusion, brother-sister avoidance, and puberty ceremonies are rare.

Although the author's observations will be stimulating to the analyst, his theoretical attempts will often be disappointing. Cohen's concept of an innate need for privacy, which he considers a biological determinant of the incest taboo, is interesting when one realizes that he is referring to the organism's attempts to avoid excessive and traumatic stimulation. But this concept is not satisfactorily formulated. His idea of two stages of adolescence, the first begin-

ning at eight or nine when hormones increase and the second starting with development of the physical changes of puberty, can be related by analysts to concepts of prepuberty and preadolescence as differentiated from puberty and adolescence. Indeed some analysts suspect that we should consider prepuberty to start earlier than we generally do and Cohen's observations feed their arguments. But again the book's formulations are not sufficient to our needs. The author fails to supply necessary psychological information about individuals' struggles with their drives in the societies studied. Such data are needed to bridge the gap between the biochemical facts and those derived from the study of customs.

I recommend this book to analysts who are interested in using ethnological data to broaden their theoretical vistas.

JULES GLENN (GREAT NECK, N.Y.)

MAGIC, FAITH AND HEALING. STUDIES IN PRIMITIVE PSYCHIATRY TODAY. Edited by Ari Kiev, M.D. New York: The Free Press of Glencoe, 1964. 475 pp.

This excellent anthology is concerned with various forms of psychological treatment employed in a number of undeveloped and primitive cultures, most of which are in a state of transition because of the impact of Western civilization. Its purposes are to add a further dimension to our knowledge of the basic processes of psychological treatment and to provide in one volume materials demonstrating differences and similarities throughout the world. The impact of cultural factors on the form and content of psychiatric theories and treatment is emphasized in order to demonstrate forcefully that culture contributes not only to formation of personality and psychic conflict but also to the development, perpetuation, and management of mental illness. The orientation of this book recognizes the biological limits of human behavior, which account in part for the fundamental similarities of psychotherapies in various cultures.

Superficially, conceptualizations of mental illness and healing differ vastly between nonindustrialized and industrialized societies. In the former, illness is thought to result from combinations of harmful environmental influences, the enmity of other persons,

and the disfavor of the gods. The sick person is viewed as dangerous to the group. The shaman provides ethnocentrically designated physical agents, means for confession, atonement, and reintegration within the social group, and intercession with the spirit world. That his actions are predominantly psychotherapeutic is obvious to the observer and acknowledged generally by other members of his culture. In industrialized societies, the human being is viewed increasingly as a machine, the malfunction of which results from noxious environmental agents, inborn and acquired characteristics, and metabolic dysfunction. The physician is increasingly seen as a detached, skilled scientist-technician.

In all groups, illness results in alteration of the individual's view of himself and of the attitudes of other members of his social group toward him. Disturbances of emotion and thinking are present in varying degrees. The so-called mental illnesses disturb all levels of the person's functioning: bodily, psychological, and spiritual. They affect the sufferer's world view, ethical values, and self-image, and his relationships with his compatriots. These disorders result from or express the interaction of sociocultural stresses with vulnerabilities which are the products of combinations of genetic, physicochemical, and experiential factors. The healer, whether psychiatrist or shaman, derives his healing powers from his status and role in the sufferer's society. He functions, among other ways, as an evoker of healing forces, a mentor, whether that group be conceived to include solely the living or, additionally, the dead.

In Kiev's introductory chapter, he demonstrates the shifting orientations of anthropologists during the past century. The first approach was that of describing and cataloguing traits of a culture. It was learned that there are only three or four basic explanations of disease: loss of a vital substance from the body, which may include the soul; introduction of detrimental agents into the body, including spirits and possession; violation of taboos; and witchcraft. The widespread nature of such explanations and the attendant practices determined by them were attributed to trait-diffusion. During the twentieth century, anthropologists have sought increasingly to relate their observations to general theories of human behavior. In such studies, the main heuristic device has been the concept of culture, which in general has included those shared beliefs, attitudes, and ways of behaving that have developed

groups' world views and ways of life. It has referred to the patterning of social intercourse and the nature of economics, technology, and religion, and also to the total pattern of interrelated activities and values. It has been learned that the varying beliefs and practices of groups differ according to their respective cultures. From this point of view, the individual is largely ignored.

At the same time that some anthropologists have focused on the functions of social structure and organization, others have interested themselves in studies of the mutual influences of personality and culture. Their work has been made possible by the systematic study of psychological treatment and organization of personality begun by Freud, who has been called by at least one anthropologist 'the greatest anthropologist of them all'. The psychoanalytic model has been incorporated into most subsequent systems of intensive psychotherapy and personality development. The universality of human needs and the limited avenues of expression of those needs have come to be regarded as explaining—better than does cultural diffusion—the widespread relative uniformity of beliefs and practices relating to the treatment of mental disorders.

In the development of intensive psychotherapy, the encouragement of insight by interpretation was viewed at first as the curative agent; later the resolution of transference distortions, interpretation of the abreaction of affect, modification of the superego, and identification with the therapist were emphasized. It was expected that skilled psychiatrists would obtain the most enduring results most frequently, but various studies have indicated that differing methods of treatment produce results that appear to be similar, depending upon the orientation of the assessor. It has been suggested that therapeutic achievements may depend less upon real knowledge of causal treatment than has been expected, and that the main agents in cure depend on confession and suggestion, the essential elements employed by shamans. Improvements conform predictably to the theoretical expectations even of psychoanalysts, and patients show shifts in values toward those of their therapists. In part, perhaps because of the difficulties in evaluating psychotherapy critically and objectively, there is an increasing interest in the cultural and social elements of psychotherapy.

According to Kiev, the psychoanalytic model of psychotherapy underemphasizes emotional aspects of the therapeutic process,

the nonspecific effects of psychotherapy, the role of social forces, the powerful influence of the therapist, and the effects of culturally induced stresses.

A question that has troubled anthropologists and psychologists alike is the concept of psychic normality. The cultural relativists define such normality strictly with reference to average expectable behavior within the cultural group. Other anthropologists follow the psychoanalytic notion that a hypothetical normality must be measured by the degree to which the individual has attained psychological maturity measured by the degree of genitality. This anthology presents relevant data that will permit the reader to decide for himself, although the point of view of the cultural relativists is represented by only two authors,—and not explicitly.

Most of the articles are of high quality and their selection speaks well for the discrimination of the editor. The authors include anthropologists, psychiatrists, a psychoanalyst, and psychologists, all of whom have written from their own field data. The seventeen contributions include five depicting beliefs and practices of Indian tribes and one that deals with Mexican-Americans of Texas; four treat groups from India, Sarawak, Turkey, and Yemen; one discusses aboriginal Australians; and six are concerned with Africans in Kenya, Nigeria, Northern and Southern Nigeria, and Sierra Leone. The book is strongly influenced by psychoanalytic thinking of the past thirty years; there is almost no reference, even by implication, to id psychology; the work of Róheim is not mentioned.

In the opinion of this reviewer, the anthology does not add a new dimension to our knowledge of the basic processes of psychological treatment. However, it presents previously known data and amplifies them with additional information in a forceful manner. It may well open a new area of knowledge to readers who have not kept abreast of traditional anthropological and epidemiological studies and studies of personality and culture. It does indeed demonstrate clearly that culture contributes not only to formation of personality, but also to development, perpetuation, and management of mental illness. The book offers graphic portrayals of differences and similarities of ideologies and processes of psychological treatment. It is directed to problems of treatment and the evaluation of results of treatment. The editor believes the data support his view that important factors in treatment are under-

stressed by psychoanalysts, but he presents sufficient material to permit the reader to draw his own conclusions.

A number of articles deserve special comment, but only one can be mentioned. In The Social Meaning of Navaho Psychopathology and Psychotherapy, Bert Kaplan and Dale Johnson attribute the effectiveness of Navaho curing to two processes. The first, suggestion, needs no elaboration. The role of the second may have application in continuing research into the results of psychological treatment. The Navaho stem from the Apachean group who migrated southward perhaps a thousand years ago from northwestern Canada. Some hundred years ago they became heavily influenced by the Pueblo Indians of the Southwest. Although the values emphasized in anthropological literature have been associated with those resultant from Pueblo influence, Kaplan and Johnson deem those values to be 'official' and superimposed upon others which remain from the Apachean period and express themselves especially in the nature of deviant Navaho behavior. It is their argument that Navaho curing rites for psychological illness reaffirm the solidarity of the community and 'indeed of the whole pantheon of Navaho deities with the patient. The ceremony surrounds him with concern and good will and serves as a kind of reintegration of the social group, with the sick person not only as a solid part of it but at its very center. . . . This aspect of the ceremony has more to do with the protection of the person than with curing or purging him of already established evil power.'

This anthology is highly recommended to all who are interested in the processes of psychological treatment and comparative psychiatry.

L. BRYCE BOYER (BERKELEY)

MOTIVATION: THEORY AND RESEARCH. By C. N. Cofer and M. H. Appley. New York: John Wiley & Sons, Inc., 1964. 958 pp.

'Our purpose in this volume', state the authors, 'is to examine some of the main forms which motivational concepts have assumed in the major theoretical systems current in psychology today. In order to realize this purpose, we have first attempted to assemble some of the historic background of the problem both generally and in relation to each of the more-or-less systematic positions. For each of the

systems discussed, we have tried to show how the need for one or more motivational constructs developed and how the system attempts to account for the motivational phenomena with which it deals.'

For the most part the authors admirably fulfil this purpose. The historical summary in Chapter Two is a scholarly resumé of the problem, starting with the Greek philosophers and followed by the role of Darwin's theory in the development of comparative psychology and a discussion of the implications of twentieth century physiology for theory and research in motivation.

Other chapters discuss, among other subjects, the data of ethology, learning theory, and sociology. A chapter on psychoanalytic theory of motivation is outstanding for its accuracy and clarity. Although the book is occasionally verbose and repetitive, it is a scholarly contribution and can be highly recommended. There is an excellent bibliography of over two thousand references.

LOUIS LINN (NEW YORK)

RECENT RESEARCH ON CREATIVE APPROACHES TO ENVIRONMENTAL STRESS. Edited by Ralph H. Ojemann. Iowa City: State University of Iowa, Department of Publications, 1964. 186 pp.

'I'm interested. I am concerned. I really wish we knew more about it', says one of the participants part way through the Proceedings of the Fourth Institute on Preventive Psychiatry, sponsored by the State University of Iowa in 1963. Her comment shows the concern and dedication of the participants, but it also raises questions.

Some two hundred fifty persons—among them psychiatrists, social workers, psychologists, clergymen, teachers, students, businessmen, personnel directors, 4-H leaders, lawyers, sociologists, representatives of government agencies, and other interested citizens—banded together for an institute, the purpose of which was 'to look at the problem of prevention . . . by considering recent investigations in creative approaches to environmental stress'. They discussed seven papers on the stresses arising from biological factors, from the period of adolescence, and from the effects of authoritarian controls, industrial automation, and family conflicts. The papers and the discussions are reported verbatim.

This is not the first time (nor will it be the last) that mindlessly

recording electronic tape has collaborated in the production of a book—producing, in this case, at least a third of the total number of pages. The result is a mixed blessing. Written language is different from that which is spoken. The latter is more than the words of which it seems to consist; nuances of gesture, tone of voice, and facial expression form an integral part of the evolving process of a conversation as the participants grope their way toward consensus and meaning through a series of tentative, often ambiguous and hazy, and sometimes trivial or senseless formulations. The writer, on the other hand, alone with his pen and his paper, can take the time and effort to pause and reflect, to organize, condense, and simplify his thoughts, to choose the exact word—laborious luxuries denied the speaker embroiled in the heat of debate. If the writer will, he can say what he has to say clearly, directly, and unambiguously. When the speaker's words are frozen in print, they are only a dumb show, a simulacrum of written language. They have lost their essential nonverbal elements, but retain their obscurity. So it is with the transcribed discussions that fill some seventy pages of this book, and transcription of a tape recording cannot be substituted for the pain of careful writing when precise, concise communication of ideas is the goal.

Yet, if clarity is lost, something else is gained by the presentation of these unweeded discussions. The reader, far from the din of battle, can detect broader patterns in the individual skirmishes and verbal sallies that often go unnoticed by the busy participants. In the discussion of a paper dealing with alienation of business executives and procedures designed to get them to share their thoughts and feelings, a psychologist commented, 'I'm not so sure that this is all a defensive operation or that it reflects any genuine alienation as much as the possibility that there is a certain healthy value in privacy. Perhaps people need time and a feeling of freedom to reflect on their inner thoughts and feelings or creations to do useful, productive work without an excessive degree of socialization or having to focus their attention on each other rather than on some of the other aspects of their work situation. I don't know any answer to this, but I think there is some matter of degree involved here and that the maximum might not be the optimum.'

What is of interest here is not so much what the speaker says as the tentative, almost apologetic way in which he suggests that there

may be value in a private, unshared inner life. His is not the only voice so raised, but the tacitly accepted, apparently unrecognized climate of much of the Institute has quite another cast. The emphasis is on shared group activities, on ways of influencing behavior, on techniques for helping others when they do not want help, on the social matrix of the individual, on treating, in the words of one speaker, 'a person not as a machine in himself but as a cog in a larger machine'. In the minds of some, the new society will rest on the principle of 'people helping people'—a new sort of feudalism in which society supplies protection and the individual supplies participation in the group. As one participant (perhaps somewhat facetiously) put it, 'As more people become unemployed [through industrial automation], more people are employed to help the unemployed. . .' .

These comments are not meant to derogate the current movements to organize and improve the care of those with emotional disorders, or the efforts to prevent the development of such disorders, for only through organization can the necessary help be brought to those who need and want it. But they are meant to reiterate the proposition that social organization exists for the individual, not the individual for the organization, and to suggest that in our enthusiasm for organizing we must not forget why we are doing so, or lose sight of the trees for the forest. The seventeenth century Puritan could be utterly ruthless in his insistence on conformity, but his goal was the salvation of individual souls, not the submergence of its members in the group.

JOHN C. NEMIAH (BOSTON)

ABSTRACTS

International Journal of Psychoanalysis. XLIV, 1963.

The Effects of Precœdipal Paternal Attitudes on Development and Character. Philip Weissman. Pp. 121-131.

Precœdipal play between two fathers and their sons, which had permanent effect upon the children's subsequent development, is described. In one case, the father had accepted 'victory' over himself by his son only to 'defeat' suddenly the child by screaming at him and then forcing him to stand motionless for a long period. In later life, the son showed a repetitive sequence of omnipotent victory followed by annihilating, self-inflicted defeat. In the other case, the son later in life withheld desired objects from his daughter until she screamed violently, whereupon he would give her the object with an approving smile for her persistence. He was an overaggressive person who had been encouraged by his father to behave like the daughter, and then allowed to win. In both cases the mothers had not been able to participate consistently and favorably in their sons' subsequent development.

Some Observations Relevant to Early Defenses and Precursors. William C. Lewis. Pp. 132-142.

After summarizing and discussing the literature on the relations between emotional attitudes and psychosomatic disease, the author describes primitive defense precursors of later desomatized, secondary-process verbalized responses. He proposes these precursors be called 'mantle defenses' as they function like an integument or magic cloak put on in perilous situations. An example is vomiting as a precursor to projection, both of them having the aim of getting rid of something unwanted and then instituting a barrier against it.

Somatic Symptoms and the Transference Neurosis. Peter L. Giovacchini. Pp. 143-150.

The author describes a patient who suffered from hypertension when her behavior was disorganized and she was unable to relate to the analyst. When she was able to experience feelings, even disruptive ones, her blood pressure returned to normal. Thus, presence or absence of hypertension could be correlated in the transference to the presence or absence of object relationship.

Impediments of Speech: A Special Psychosomatic Instance. Augusta Bonnard. Pp. 151-162.

Demonstrating details of tongue and mouth movements to two male children made them aware of the connection of these movements with genital conflicts and was followed by disappearance of the speech impediment. The author emphasizes the central importance of the tongue as a spontaneously assertive organ even before birth and suggests that since speech impediment is largely confined to males, it may arise from displacement to the tongue by way of the phallus-

tongue equation of desires and fears involving especially the assertive, exhibitionistic aspects of male genitality.

Analysis of a Woman with Incipient Rheumatoid Arthritis. A Contribution to the Understanding of Somatic Equivalents of Withdrawal into Sleep. Jose Barchilon. Pp. 163-177.

A woman patient developed hypotonia in one or several muscle groups when having angry feelings toward a mother figure. She would then identify with a father figure and shift from hypotonia to tension and shooting pains in the previously hypotonic muscles. Finally there would be a burst of physical activity followed by pain, stiffness, swelling, and arthritis in one of the joints activated by the previously hypotonic muscles. An important unconscious meaning of the hypotonia was of being asleep, which was a central defense against anger.

Colds and Respiratory Introjection. Bruce Ruddick. Pp. 178-190.

The paradoxical word 'cold' to label an essentially afebrile condition is found in various Indo-European languages to relate to words for death, birth, pregnancy, and sexual arousal. These in turn can be linked to primitive theories involving air as the carrier of the life principle introjected—or in the case of death, ejected—by respiration. Clinically, the appearance of colds while never excluding an infectious factor, often follow loss or separation. Some colds conceal underlying depression, withdrawal of object libido, and conflicts over unconscious attempts to regain the lost object through oral and respiratory incorporation.

Symposium on 'Reinterpretation of the Schreber Case: Freud's Theory of Paranoia'.

I. Introduction. Philip M. Kitay. Pp. 191-194.

Fifty years of progress in psychiatry, psychoanalysis, and psychology since the publication of the Schreber case provide a basis for re-examining it. In addition, we have new material on Schreber and his family unearthed by Baumeyer and Niederland, and the provocative contentions of Macalpine and Hunter that Schreber suffered from doubt and uncertainty in sex identification rather than unconscious homosexuality as Freud concluded.

II. Observations on Paranoia and Their Relationship to the Schreber Case. Arthur C. Carr. Pp. 195-200.

Studies questioning Freud's formulation that paranoid delusions are a defense against unconscious homosexuality do not challenge the theory as seriously as first appears. Both hostility and homosexuality appear defended against in Schreber's case rather than, as some have contended, that the latter defends against the former. Back of the delusions in paranoia can often be found an early history of denial by family members of the validity of a perception found by the patient to be accurate. In Schreber's case this factor appears in the form of sadistic treatment by the father while he verbalized a quite different morality. Besides the other defenses that have been described in paranoia—projection, denial, and introjection—rationalization should be considered.

III. Further Data and Memorabilia Pertaining to the Schreber Case. William G. Niederland. Pp. 201-207.

Resemblance can be found between the sadistic manipulations of Schreber's father, as described in his book *Pangymnasticon,* and those of God in one of the delusions of Schreber's psychosis. Another of Schreber's 'miracles'—that of possessing a plurality of hands and severed heads coming out of the body—appears to derive its 'kernel of truth' from drawings in the book which show gymnastic figures simultaneously in different positions. The 'little men' of the psychosis resemble the small drawings of men from the same source. Additional findings from other sources are described. A sister's letter reveals that the mother was a full participant in the father's manipulations of their children. One brother committed suicide a few weeks after becoming a judge; another tried to commit suicide after attaining an even higher position and succumbed to life-long mental illness. Schreber's first illness followed disastrous defeat in one election. The father died on the 10th or 11th of November, in his early fifties; Schreber was hospitalized on the 9th or 10th of November, in his early fifties, at which time he thought himself 'dead' and tried to commit suicide.

IV. Schreber, Parricide, and Paranoid-Masochism. Jule Nydes. Pp. 208-212.

Schreber's Memoirs serve to support the thesis that the masochist renounces power for the sake of love while the paranoid sacrifices love for the sake of power. The paranoid fights, even if against projected, imaginary enemies; the masochist submits and expects extra love in consequence. Schreber's earlier position was to fight God (his father) after infantile omnipotence was aroused in his appointment as *Senatspräsident;* his later position at the time of the Memoirs is to have accepted castration in exchange for God's love and protection.

V. The Schreber Case Reconsidered in the Light of Psychosocial Concepts. Robert S. White. Pp. 213-221.

Schreber's life and illness are considered from the viewpoint of Erikson's eight stages of development, which emphasizes the importance of the stages after adolescence as well as before. It is conjectured that Schreber's intense identification with his compulsive father enabled him to manage the instinctual conflicts of childhood and adolescence in spite of an underlying, voracious wish to be his mother's only infant; but he was then vulnerable to the adult problems of intimacy versus isolation, generativity versus stagnation, and integrity versus disgust and despair. It was when Schreber reached the first of these adult conflicts, in the form of his engagement to marry, that his severe difficulties became manifest. He appeared unable to overcome fear of the ego loss entailed in intimacy, and six years later could not cope with the generativity crisis created by his defeat in politics and the still-birth of his first two children.

VI. Summary. Philip M. Kitay. Pp. 222-223.

After summarizing the contributions of this symposium, Kitay emphasized the progress in understanding the Schreber case since the 1911 formulations of Freud. This can be seen in the more comprehensive and more detailed dynam-

ics, greater flexibility of theoretical formulations, attention to the phenomenological world of Schreber's childhood, consideration of developmental factors causing weakness in reality testing and in autonomy and trust, and emphasis on defenses other than denial and projection in paranoia.

Synopsis of an Object-Relations Theory of the Personality. W. Ronald D. Fairbairn. Pp. 224-225.

The author lists sixteen points as synopses of the theoretical views he has expounded over the last twenty years. They form the basis of a theory of personality conceived in terms of object relations rather than instincts and their vicissitudes.

The Younger Sister and Prince Charming. Michael Balint. Pp. 226-227.

Two sisters, aged five and three, enacted a before-bedtime pantomime for a fortnight in which both wished to be Cinderella. The solution was that the younger became Prince Charming. Clinically one can observe in two sisters close in age that the older is more narcissistic, the younger more bisexual. If they sing a duet, the older sings the melody, the younger accompanies in contralto voice. These findings are further proof that the masculinity complex in women is almost certainly a secondary phenomenon. The younger sister develops penis envy because her older sister prevents her straight path to femininity.

Transference Psychosis in the Psychotherapy of Chronic Schizophrenia. Harold F. Searles. Pp. 249-281.

Even the most chronic symptoms of schizophrenia are not simply a debris from earlier phases of the illness, but are an intensely alive, unconscious effort by the patient to recapture, maintain, and free himself from relationships of childhood which he re-establishes in the present, including that with the therapist. Four varieties of transference psychosis are distinguished: 1, the therapist feels unrelated to the patient and treated as inanimate or inhuman; 2, the relationship is ambivalent; 3, the patient's psychosis attempts to help the therapist-parent establish himself as a whole and separate person; 4, the patient attempts an ambivalently symbiotic relationship in which the therapist is to do his thinking for him, and he is to become a separately-thinking, separately-functioning person through sadistic undoing of the therapist's efforts. Extensive clinical material illustrates the four categories.

Primitive Object Relationships and the Predisposition to Schizophrenia. Arnold H. Modell. Pp. 282-292.

Two different orders of possible biological determinants in schizophrenia are considered. One has to do with impaired capacity from birth onward to develop mature object relations; the other, the capacity to suspend object relations that can become manifest at varying ages, including maturity and middle age.

The Concept of Narcissism in Schizophrenic States. Thomas Freeman. Pp. 293-303.

Freeman divides narcissism in schizophrenia into two categories. 1, Psychotic narcissism, which is a functional state represented through delusions, hallucina-

tions, etc., that are not compromise formations but instead are processes of excitation and discharge resulting from the processes. 2. Nonpsychotic narcissism, which appears during the prepsychotic phase as well as during the illness and is similar to that encountered in sexual deviations and character abnormalities.

Hope and Repudiation of Hope. Thomas M. French and David R. Wheeler. Pp. 304-316.

The emerging hopes of the patient in treatment, essential if increasing integration is to occur, are first repudiated because they are closely associated with hopes of the past that ended disastrously. The analyst can help by making the patient aware of the unreality of the repudiations in the present and of their basis in the past. Ultimately the disturbing affects should be discharged, and then hopes similar to those repudiated should begin to emerge.

Assimilation of Unconscious Material. Paul G. Myerson. Pp. 317-327.

Assimilation is a cognitive process, as Hartmann has delineated, which follows emergence into awareness of derivatives of unconscious conflicts and involves thinking about the causal connections among the various previously isolated elements. This intermediate thinking process is then followed by new ways of tolerating and expressing affect and in more organized ways of behaving. The ability to tolerate painful inner or outer reality is important for assimilation and mastering it.

The Non-Verbal Relationship in Psychoanalytic Treatment. S. Nacht. Pp. 328-333.

Deeper in the unconscious than the instinctual drives lies a wish for union that goes to the source of life itself, and exists prior to the wish for separation included in object relationships. The level can be reached in treatment through a change, at a culminating point, from the classical neutral attitude that brings on the transference neurosis to one of deep-seated availability and hearty attentiveness that permits silences and may include granting of special wishes, such as change of appointment hour. In this way the patient experiences an added dimension from treatment to that provided by classical analysis of the drives; he experiences a 'peace of the depths' (Huxley) that enables him to escape the ebb and flow of life as well as to re-enter it.

The Fragmentizing Function of the Ego in the Analytic Session. Andrew Peto. Pp. 334-338.

The author discusses several additional aspects of the fragmentizing function of the ego as he conceptualized it in his 1961 paper. During a single analytic hour, phases of fragmentizing may develop into integration which then leads to another phase of fragmentation. Interpretation is most effectively timed when it occurs at the point of transition from fragmentation to integration, or vice versa.

Dependence in Infant Care, in Child Care, and in the Psychoanalytic Setting. D. W. Winnicott. Pp. 339-344.

The psychoneurotic patient revives the dependency needs of childhood in analysis and experiences with the analyst a corrective experience regarding them. However, he also reinstitutes the failure of these needs omnipotently rather than helplessly as he did in childhood. If dependency needs are not met in infancy, maturational processes do not occur and the basis for psychosis is present, with cure only possible if these needs can be met later in a manner comparable to the spoiling the parents must sometimes supply during a period of regression. A good beginning in infancy followed by failure before establishing an internal environment, results in antisocial tendencies.

A Case of Transvestism. Murray D. Lewis. Pp. 345-351.

A male with transvestite masturbation appeared to have suffered early body image impairment which then became fused with genital and castration anxiety during the phallic phase. This in turn resulted in pervasive body-phallus identifications along with total body-disintegration anxiety. The transvestism was a defense against castration anxiety and derived from early efforts of his mother to dress and treat him as a 'sissy' and from his sister using him in sex play.

On Fetishism. Alan Parkin. Pp. 352-361.

A male was sexually excited by mackintosh coats. Associations and recollections indicated they possessed the dynamic significance of transitional objects and recapitulated and condensed precedipal object choices. These then acted as a defense against phallic conflicts that gave the fetish its final and definitive form.

Relations Between Psychoanalysts. Leon Grinberg. Pp. 362-367.

Because of the nature of his work—the isolation, self-denial, yet involvement with emotional situations prone to stimulate instinctual drives—the analyst tends especially to use mechanisms of projection and displacement in his relations with his colleagues. It is suggested that he would benefit from less time with patients and more time with the 'outside' analytic and other worlds.

A Note on Non-Payment of Psychiatric Fees. John Gedo. Pp. 368-371.

Patients who fail to pay their bills appear to treat money unconsciously as a transitional object. Upon failing in treatment to maintain an internal object through symbiosis with an external one (the therapist), they use withholding of payment to deny their separateness.

A Comment on the Psychodynamics of the Hypnotic State. Harold Stewart. Pp. 372-374.

Various considerations suggest that the hypnotic state represents a collusive manic denial of a controlling aggressive attack of the subject on the hypnotist, together with a denial of fear of retaliation that is connected with guilt over the aggressiveness.

EUGENE V. NININGER

Bulletin of the Philadelphia Association for Psychoanalysis. XIV, 1964.

Affects and Consciousness. Mitchell D. Dratman. Pp. 183-192.

While affects cannot be repressed, their significance may not be appreciated because of repression or isolation of associated ideas. They are also equated with processes of discharge which are conscious, serving a discharge phenomenon in lieu of motor discharge. Thus affects are likened to ideas which are 'small quantities of trial action'.

A Psychoanalytic Review of Music. Albert S. Terzian. Pp. 193-215.

The author presents a rather comprehensive review of the psychoanalytic literature on music, and summarizes the diverse libidinal sources of and contributions to music. The nature of pleasure in music seems to be highly overdetermined. Many id strivings find refuge in music; the ego uses music for organization, mastery, and defense; the superego gratification centers around adherence to formal rules and the distractions offered. While noting the special problems of interpreting this nonverbal, nonrepresentational medium, the author believes that psychoanalysis offers an ideal means for the exploration of the meanings of music.

Some Ethical Values of the Psychoanalyst. Louis Paul. Pp. 216-224.

Paul discusses nine ethical precepts which he sees as the 'basic model technique' of psychoanalysis. 1, The analyst refrains from moralizing on the patient's thoughts and feelings, or their verbalization in analysis; 2, he refrains from sanctioning cruelty toward one's self or others; 3, he leaves the patient free to develop his own value system; 4, he respects his patient as a person; 5, he avoids intruding beyond the patient's boundaries and protects his own boundaries as well; 6, he does not endorse self-deception or belief in magic; 7, he has a preference for healthy behavior; 8, he abstains from indulgence of the patient; and 9, he is always interested in furthering the analysis. Psychoanalytic treatment is not ethically neutral. It is firmly committed to the values of the patient as an individual, to the value of accurate self-observation, and to the value of the psychoanalyst as a professional assistant to the patient in his self-analysis.

EDWIN F. ALSTON

American Imago. XXI, 1964, Nos. 1-2.

The Significance of Psychoanalysis for the Humanities. Otto Rank and Hanns Sachs. Pp. 6-133.

Written in 1913 by the original editors of Imago, this monograph takes up the application of psychoanalysis to various sectors of the humanities. The investigation of myths is most thoroughly treated. Myths are seen as parallel structures to dreams in which incestuous and homicidal material is admissible to waking consciousness because of the recognition of its fantasy character. While myths are distorted and reworked through the years, late versions may be similar to early

ones as a result of the return of the repressed. Religion is formed as a compromise between the instincts and defensive forces; accordingly, celebrations and taboos are prominent features. With elaboration of the anti-instinctual side, religion may take on a dry, obsessional quality. As a reaction to this there may arise a new religious movement in which the instincts (spiritual experience, love) are given fresh emphasis. Difficulties presented by the external world are met with magic (prayer) as an expression of belief in the omnipotence of thought, gesture, and speech. A chapter on æsthetics attempts to explain the paradoxical enjoyment of tragic poetry and drama. Other topics dealt with are the psychology of artists, ethnology, linguistics, philosophy, ethics, law, pedagogy, and characterology. The monograph is of interest as a historical document and for its numerous penetrating observations.

JOSEPH W. SLAP

American Imago. XXI, 1964, Nos. 3-4.

On Love and the Death Drive. Compiled by Fabian X. Schupper. Pp. 3-10.

Excerpts from Freud on the subject of death and the death drive, spanning the years 1915 through 1940, are presented chronologically without comment. A short bibliography from other sources is appended.

Thanatopsis: Life's Last Stand. Sidney Halpern. Pp. 23-36.

Freud's concept of a death drive is seen as a defense against the dread of death. It wards off the terror of absolute annihilation and oblivion, and also makes death an actively sought rather than a passively experienced eventuality. By establishing the concept of the death drive, there is an attempt to render death harmless; in speaking of a conflict between Eros and the death drive, there is a tacit, optimistic implication that the outcome is in doubt.

Platonic Love and the Quest for Beauty: The Drama of J. J. Winckelmann. Gustav Bychowski. Pp. 80-94.

A strong homosexual disposition is revealed in the writings of this renowned eighteenth century classical scholar and archeologist. The author sees his murder as an unconsciously arranged feminine masochistic surrender.

The Bullfighter. John Ingham. Pp. 95-102.

The family structure characteristic of Mexico and Spain—absent father and indulgent mother—predisposes male children to homosexuality. The Don Juan tradition and aspects of Catholicism are seen as compromise formations arising from the conflict between homosexual drives and countering defenses. The bullfight, in which the fancily clad matador, passive and defensive at the outset, becomes aggressive and penetrating, enacts the triumph of masculinity over femininity in the bullfighter and those who identify with him.

JOSEPH W. SLAP

Psychoanalytic Review. LI, 1964, No. 3.

Technique in Psychoanalytically Oriented Psychotherapy. George Zavitzianos. Pp. 9-18.

The author differentiates psychoanalysis from psychotherapy on the basis of whether or not the resistances and transferences are analyzed, whether or not transference development is encouraged, whether the resolution of the basic conflict is attempted, and whether the therapist is in the role of transference figure only or as a real object to the patient. Zavitzianos advocates limiting the goals of psychotherapy, its duration, and the extent to which interpretations are made. He warns against id interpretations, arousing the guilt of the patient, encouraging the development of sexual feelings for the therapist, dream interpretation except where it is partial, and the use of drugs since they encourage passivity, dependency, and magic. The latter this abstractor considers a courageous position in these days of much grant support for investigations of drug therapy.

Aspects of Relatedness in the Psychotherapy of Schizophrenia. Helm Stierlin. Pp. 19-28.

This paper discusses the problem of maintaining a balance between fusion and distance in personal relationships. At the risk of oversimplification, the author asserts that the experience of 'near fusion' is precisely the plight of the schizophrenic patient. Two case examples are presented. In his generalizations, the author does not seem to be fully aware that oversimplification might be useful to the control of the anxiety in the therapist who treats very sick patients.

The Contribution of Paradigmatic Psychotherapy to Psychoanalysis. Herbert S. Strean. Pp. 29-45.

This paper is concerned with role-playing in psychotherapy. Although it is argued at some length, the relationship to psychoanalysis is not clearly demonstrated. The author encourages role-playing by the therapist and justifies it by asserting that the therapist is never neutral. Several techniques in role-playing are discussed: to permit the patient to direct the therapist, to support or mirror the resistance of the patient rather than interpret it, to side with the patient or to be the antagonist whom the patient must defeat, to assume the role of the hostile introject. One wonders about a beginning therapist attempting role-playing, which appears to call for the utmost skill, experience, and flexibility.

Recent Developments in 'Direct Psychoanalysis'. Charles T. Sullivan. Pp. 46-64.

The author presents an objective review of the theories and practices of John Rosen, who views psychosis as a psychogenic disorder susceptible to a psychological type of treatment. In 'direct psychoanalysis' emphasis is placed on the difference in technique in the 'phase of resolution of the psychosis' and in treatment of the 'neo-neurosis', and the author stresses that this difference is important in answering some of the criticisms of Rosen's theories. He also points out that Rosen differed from Freud in his views on the superego, the question of transference in the psychoses, and in his definition of the œdipus complex.

Ego-Activating Approaches to Psychotherapy. David Grossman. Pp. 65-88.

This paper describes several techniques of psychotherapy in which the therapist is active: exaggerating the patient's complaint or problem, the use of sarcasm, and the use of bluntness in evaluating the patient. The author acknowledges that in practice the 'ego-activating' approaches are not used to the exclusion of more traditional approaches. He criticizes the passive technique of classical psychoanalysis, but fails to distinguish clearly between psychoanalysis and psychotherapy.

The Resolution of Resistances by Conjoint Psychoanalysis. Louis R. Ormont. Pp. 89-101.

A therapeutic method is described in which, in addition to individual analysis, the patient meets in a group under the leadership of another analyst. The advantages of the method are: 1, an unworkable transference to the individual analyst can be discussed in the group and the patient encouraged to work with it; 2, the patient who resists facing a problem with the individual analyst can be confronted more effectively by the group. The limitations of the method are also discussed.

Schizophrenic Development of Two Children. Lizzi Rosenberger and M. Woolf. Pp. 133-194.

Detailed histories of two psychotic children are presented; both cases ended in failure. The symptoms were autism, isolation, despondency, motoric unrest, aggression toward toys and persons that were seen as attempts at re-establishing contact with reality. In both cases the pathological personality of the father played a decisive role in the development of the daughter's abnormality; both mothers were weak and passively subordinate to their husbands. The realistic difficulties encountered by those working with psychotic children are described.

STEWART R. SMITH

Psychiatry. XXVII, 1964.

The Mystique of Adolescence. Joseph Adelson. Pp. 1-5.

This article is based on interviews with one thousand boys, fourteen to sixteen years of age, and two thousand girls, twelve to eighteen years of age. Dr. Adelson proposes revisions in the generally accepted views that consider adolescence as a time when conflict with the family leads to more independence and an acceptance of the peer group as the authority. The adolescent asks for and is freely given an unusual degree of freedom in the United States, but it is doubtful whether he wants a high degree of emotional autonomy or value autonomy. For many the peer group is merely used for learning social skills and not as an arena for confrontation of the self.

The author believes that the tensions of adolescence are displaced to and discharged within the matrix of peer group sociability. The defenses of repression, reaction-formation, and certain forms of ego restriction are used to curtail experience and limit growth. Both parents and children are made captive by the ado-

lescent's dependency based on the long preparation needed for advanced training. They make the best of it by the adolescent's forfeiture of passion, restlessness, and vivacity, and by the acceptance of the mixed childishness and pseudo-adulthood of the adolescent culture.

The Quest for Omnipotence in Professional Training. Myron R. Sharaf and Daniel J. Levinson. Pp. 135-149.

In studying the professional development of young psychiatrists from a socio-psychological approach, the authors found that the 'quest for omnipotence' is a regularly observed theme with numerous variations. The psychiatric resident is likely to perceive certain teachers, especially psychoanalysts, as possessing special powers, and in his training he tries to obtain the same powers. The quest for omnipotence is less conscious and less rational than the striving for professional competence, a natural part of the residency.

Psychiatric residents fall into two patterns of professional ideology and role definition—the 'analytic' and the 'eclectic'—although the differentiation is less sharp than it was ten or fifteen years ago. The 'analytic' resident has made a relatively exclusive commitment to psychoanalysis and analytic psychotherapy. Initially he searches for omniscience focused particularly upon psychodynamics. Psychoanalytic institute training is imagined as the final key to psychodynamic omniscience and to the liberation of the self. No resident approaches the institute with confidence regardless of how outstanding his record may have been; he is fearful that his secrets will be found out, and he will be considered unworthy.

The distinctive feature of the 'eclectic' group is a substantial commitment to at least one other aspect of psychiatry in addition to the practice of psychotherapy or psychoanalysis; this may be to somatic or social aspects of clinical psychiatry, to administration, or to research. The 'eclectic' resident finds possessors of omniscience outside the institutes as well as among psychoanalysts.

The quest for omnipotence may hinder or help learning. The detrimental effects can be seen when the resident becomes ineffective as his longing to know everything prevents him from learning anything well. The resident may become simply an imitator of the admired teacher, giving up independent thinking. If identification occurs, the resident's anxiety may prevent learning from anyone with diverging or supplementary views.

PETER LADERMAN

British Journal of Psychiatry. CIX, 1963.

Hughlings Jackson's Influence in Psychiatry. E. Stengel. Pp. 348-355.

The author maintains that Hughlings Jackson has exerted a great influence in psychiatry. In the monograph, On Aphasia, which was translated into English by Stengel, Freud demonstrated a close familiarity with Jackson's writings, which contained such fundamental psychoanalytic concepts as regression, psychic determinism, psychodynamics, unconscious mental processes, and resistance. Stengel believes Freud's failure to acknowledge an indebtedness to Jackson might be explained by 'Freud's attitude to his prepsychoanalytic period, which he treated as a closed book'.

JOSEPH W. SLAP

British Journal of Psychiatry. CX, 1964.

Observations on Adolescents in Psychoanalytic Treatment. Ilse Hellman. Pp. 406-410.

This rich but highly condensed paper is drawn from the experiences of the author and her colleagues at the Hampstead Clinic. Several difficulties encountered in the treatment of adolescents are emphasized. The guarded communication of adolescent patients makes it almost impossible to follow their rapidly changing dynamics. Special transference problems and crises arise from the struggle for independence, paranoid projection, idealization of the analyst, the need to exchange love objects, fear of ego regression, and anxiety caused by experiencing sexual feelings in sessions. Parents of adolescent patients frequently require help which should be provided by another therapist, preferably in a separate facility.

JOSEPH W. SLAP

Revista de Psicoanalisis. XXI, 1964.

New Phylogenetic Contributions to the Psychology of Women. Werner W. Kemper. Pp. 107-113.

Among other factors, Kemper discusses four specific elements which corroborate the psychological difficulties described by Freud. The first is the metamorphosis of the female organism, reviewed from the fish to the human, which shows how the female in these phylogenetic developments sacrifices the active primary orgiastic pleasure. The second element is a phylogenetic demonstration that the vagina is a very late acquisition. From an excretory organ it became an internalized process, passing through the intermediary step of a cloaca in which the female had the same cavity for genital activity, urination, and defecation. The third point is the contradictory function of the vagina which supports anatomically the preceding phylogenetic consideration. The fourth is that women have acquired the ability to perform coitus without any reference to the hormonal cycle. Other females, not in heat, would attack the male. Woman then appears to adapt herself sexually to the man.

For these reasons, the author feels that Freud's postulations were well grounded in phylogenetic data, and also that, precisely because the female can adapt herself to the sexual act of the male, she is an organism biologically stronger and better prepared for survival. 'The female obtains a better creative omnipotence corresponding to the initial primary cells.'

The Previous Genital Phase. Arminda Aberastury. Pp. 203-213.

The author describes the genital phase as being what the oral phase is to birth trauma. The apparent contradiction between her ideas and Freud's descriptive content is based on the fact that, according to Freud, the phallic phase is included in the resolution of the œdipus complex, while the stage that she is studying initiates œdipus fantasies. Walking and language, to her, are equivalent to being born; i.e., it is a dual proposition which permits separation from the mother figure, but at the same time attempts to preserve the love object.

The previous genital phase precedes the anal stage and is related to the biological process of teething. Special reference is made to losing the baby teeth as if the acquisition of new, adult teeth were a bodily representation of the different elements involved in the œdipus complex, namely, a step between the oral and genital phases in an organized way. In essence, acquiring new teeth means separation from the mother's breast, the search for the father figure; the genitals by displacement are orally changed, the mouth becomes genitalized, and there is a capacity for creating symbols, becoming a pedestrian, masturbation, curiosity, exhibitionism, and an intense, excessive interest in the primal scene.

Aberastury bases her concepts on clinical descriptions of nursery children, mother and father groups, and analysis of children and adults.

The Rupture of Emotional Blocking and the Increment of True Information in the Analytical Situation. D. Liberman, R. Avenburg, and J. A. Carpinacci. Pp. 214-219.

The modalities of the mechanism of defense that the patient uses when confronted with anxiety produced in the transference neurosis in a prolonged analytic treatment are studied. Emphasis is primarily on the content, form, dosage, and opportunity of interpretation. In essence, they deal with the 'basic unit' of the analytic situation; i.e., the handling of the unconscious fantasy, the way it is expressed in free association and the countertransference.

The authors emphasize three aspects: 1, a methodological approach—comparison of two different sessions to look for similarities, discrepancies, etc., in the material as a means of evaluating the patient's changes during analysis; 2, research and study of what the patient says; and 3, objectivity in evaluating the rupture of the defensive emotional frigidity through detailed study of the increase in information interchanged between patient and analyst.

Mourning, Learning, and Motor Aspects of the Ego. Isaac L. Luchina and Leonardo Wender. Pp. 227-238.

Why can certain patients with serious physical impairment, mutilation, and paralysis be rehabilitated to the fullest capacity of their abilities while, in others, gross psychoneurotic disturbances interfere, so that they are unable to be readapted? The authors think that, in the latter, before physical impairment occurred, there had been a series of ego inhibitions pertaining to basic motor learning, together with a particular relationship to the love object. Clinically, they find not only chronic depression and difficulties in learning, but inhibition in any activity. This they call 'nucleo paralitico temprano' (NPT). In lethargy there is an ego attempt to encapsulate. The object in the lethargic patient is handled by introjection; hence, the different levels of phobia, hypochondria, melancholia, and, finally, lethargy. In NPT, identification deficits in the object relationship are shown. The object is idealized and omnipotent, and the patient's defenses are primarily autistic, symbiotic, omnipotent, and, finally, psychopathic or perverse.

The clinical material shows that transference is very hard to establish in the lethargic patient while in the NPT patient, it is extremely hard to resolve.

GABRIEL DE LA VEGA

Revista Uruguaya de Psicoanalisis. VI, 1964.

Theoretical and Technical Aspects of Agoraphobia. Its Implications Derived from the 'Umbilical Stage'. Hector Garbarino. Pp. 99-126.

Hypotheses derived from clinical material, the analyses of children, universal infantile games, and the analytic situation itself are presented. Technique based on these theoretical formulations aims to prevent the phobic patient from making the analyst a perpetual companion. The transference is managed carefully so that the ego will not feel disintegrated and confused, and the patient's anxiety will be manageable.

The author systematically analyzes the relationship between the patient and the principal, or most important, companion. This led him to see this relationship literally as an umbilical one which, just as at birth, sooner or later must be cut, and the patient freed from his attachment through fantasies of birth, assumed to be concomitant to any analytic situation.

Parasitic-Symbiotic Union and Identity. Carlo Mendilaharsu. Pp. 127-158.

Clinical material is presented to show the precarious and peculiar pattern of an ego which becomes the shadow of the love object. The nucleus is considered to be an indiscriminate, confused state which, sooner or later, vitiates transference. It is possible, systematically and progressively, to reduce partial splitting of the ego, thereby freeing energy which could be used for structuring a more intact ego.

It is remarkable that this author does not take into consideration Mahler's paper, L. Young's thesis, or Fliess' book, all of which deal precisely with different aspects of symbiotic relationships, especially since the authors of the following articles do take into consideration the above-named contributions.

Symbiosis. A Study of that Psychotic Part of the Personality. Jose Bleger. Pp. 159-280.

Symbiosis is an almost immobilized and controlled interdependence between two or more people who might be satisfied in this type of relationship. What is referred to here as the 'agglutinated nucleus' corresponds to Bychowski's ideas of the psychotic nucleus. This nucleus is considered the remnant of a much more primitive organization, for which the author coins the word, 'glischrocarica', which explains the timelessness, the lack of discrimination between ego and nonego, the most primitive œdipus complex (a fusion of the parents and not two entities), and the characteristic fusion in opposition to confusion in any human relationship.

This nucleus can be modified with different mechanisms of defense taking part in the conflict; it might be partially resolved, allowing for certain progress and maturation of the ego. It is an ambiguous and polivalent nucleus and, in its more overt manifestation, there is almost total lack of discrimination and, at times, a psychotic fusion between the body ego and the external world. It can produce a phenomenologically hypochondriac syndrome, a psychosomatic disease, and, at times, impulse-ridden psychopathic characteristics. The author differentiates the latent autistic nucleus from the latent symbiotic nucleus.

Symbiosis and Symbiotic Neurosis. George H. Pollock. Pp. 281-341.

The most general and widest uses of the term symbiosis are studied. It is a particular type of relationship with different levels, correlated with what has been called 'dialogue'. Pollock studies the mutually stimulating, circular reverberations which take place between mother and child. As the ego matures, new cycles appear which are reflected by the way the previous cycle was handled while, at the same time, modifying the future one. Nevertheless, the symbiotic relationship is not simply a communication and is not limited to any particular developmental stage. For instance, manifestations can be created in a symbiotic relationship. The binomial and timeless interrelationship at times can produce 'symbiotic systems' and even structures that neither of the two participants could have produced alone.

The author suggests as potential areas of investigation: the specific characteristics of each partner in relationship with the symbiotic process as well as those which do not participate in the symbiotic process; the different ways by which the interaction of this process could or could not alter or modify any of the specific components of the two personalities; what mechanisms might appear crucial or incidentally appear in a particular symbiotic association; a more thorough description of the different levels of symbiosis during different periods of the patient's life; and, finally, whether it can be determined that there is a characteristic pattern of interaction which could differentiate a specific symbiotic state from other symbiotic manifestations.

GABRIEL DE LA VEGA

Arquivos do Departamento de Assistencia a Psicopatas do Estado de Sao Paulo. XXVIII, 1962.

Psychiatry and Mysticism. Alberto Lyra. Pp. 15-41.

Mystical phenomena in intellectual and psychophysiological manifestations are well summarized. Revelation is considered visual, corporal, imaginary, and perceptual. Physiological correlates, from sensations of levitation and prolonged abstinence to ecstasy, are studied. Mysticism is considered a special type of psychological experience which expands the ego but also, because of its value as a defense mechanism, preserves the sense of identity and retains contact with reality. It is considered to be not simply a religious experience, but a more general psychological manifestation which could lead to such pathological phenomena as hallucinations. Before it can be considered a defense or the breaking through of repressed material, one must take into consideration the total personality of the 'mystic'.

GABRIEL DE LA VEGA

NOTES

LACI FESSLER: 1897-1965

Dr. Ladislaus Fessler died March 10, 1965 in New York. He was born in Czechoslovakia December 6, 1897. After receiving his medical degree from the University of Vienna Medical School he was a member of the Staff of the Department of Psychiatry and Neurology of the Vienna University under Professors Wagner-Jauregg and Pötzl from 1927 to 1934, after which he served as an Assistant at the Nervenheilanstalt Rosenhuegel, near Vienna, for several years. Having visited the United States during 1935-1937, he then settled in New York City practicing psychoanalysis and teaching at The New School for Social Research and elsewhere. He is survived by his widow, the former Emmy Feuerstein.

MARCEL HEIMAN

Dr. Henrique Julio Schlomann, President of the Brazilian Psychoanalytic Society, died on May 9, 1965.

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

January 12, 1965. STRUCTURE AND FUNCTION IN PSYCHOANALYSIS. David Beres, M.D.

In psychoanalytic theory the terms 'function' and 'structure' are assigned different meanings by different authors. Freud, in On Aphasia, challenged the proponents of cerebral localization and proposed a functional explanation for the psychological disturbances in aphasia, particularly those of speech and language, rather than a tight correlation between the negative symptoms of aphasia and their assumed, underlying, morphological structures. He described the disturbances in function as due to the interruption of a process whose basic structure is a network of connecting nerve fibers. Function is thus more closely linked to processes than to anatomical structure. Later in Freud's writings structure lost its material meaning and was related to function. Such a correlation was, of course, linguistically legitimate as structure refers not only to a material object.

Dr. Beres then traced the development of Freud's concepts about conflict. In his early theories, conflict was between the 'systems' unconscious and preconscious; later he conceived of conflict as occurring between 'structures', such as the ego and the id, or the superego and the ego. Freud thus believed that psychic activity depended upon the interrelationship between functional groups which have no neuroanatomical basis. Part of the confusion about the meaning of the term 'structure' may perhaps be traced to Freud's writings. At one point he seemed to define it as a coherent organization of mental processes; at another, in terms of function. But never were substructures of the personality meant to be abstractions.

The danger of the structural theory is that its units are subject to reification, as illustrated in the writings of many in the field of psychoanalysis. A second

danger is that it may lead to confusion if the concept of 'structure' is used in ways other than Freud's limited formulations without clearly distinguishing the differences. Third, perhaps there has been too great an emphasis on the structural theory, and too little emphasis on the functional basis of structure. Each of these tendencies is illustrated from Freud's writings, in particular the use of metaphor in talking about the id, ego, and superego. Further, one of the substructures of the personality, the id, is said by Gill and other authors to have contents, thus making a conceptual abstraction a concrete entity. The danger is that when metaphor is treated concretely it may be used as an explanatory tool.

The word 'structure' is used in several senses by various authors when it might better be referred to as the 'structural theory'. Glover considers the concept of the memory trace a structure, thus confusing an inborn apparatus with a psychic structure. The structural approach, in its limited sense, is based on function, requiring dynamic and economic considerations for its application. In some of his writings, Gill postulates function without structure and emphasizes fixity as an essential element of structure. Dr. Beres believes that function and structure are inextricably linked; one cannot occur without the other. Further, it is not correct to speak of structure when talking about modes of discharge and of organization. According to Gill, there are processes deep in the mental apparatus with a fast rate of change, which would imply that they are without any structural basis. Dr. Beres criticizes definitions of structure which make stability and recurrence of function a central criteria. Further tautologies and logical inconsistencies in the formulation of hypotheses about 'structure' are taken from Rapaport's work. The author points out that mechanisms and processes cannot be subsumed under structural concepts, especially when they refer to modes of discharge of psychic energy.

Dr. Beres emphasized a need for further development of the tripartite structural theory. Whether the organization of each function be called a structure or a substructure of the basic systems is a matter of choice. However, certain precepts should be followed and, above all, the new formulations should be based on observational data, carefully defined terminology, and related to current theory whether in accord with it or not. In his later writings Freud emphasized function: developmental and economic factors, the role of the conscious and unconscious, mode of organization, and the dynamic interrelationship of the systems to each other and to reality. Since Hartmann's monograph, the emphasis on adaptation makes the functional approach imperative. However, the danger of this approach is that it may fall into a teleological trap; this can be avoided if there is no implication that 'the future acts causally on the present' or is an efficient cause thereof. The advantage of the functional approach is that it is closer to observation; psychic functions can be recognized by their overt manifestations and by the derivatives of unconscious mental processes. The usefulness of the structural theory is historically proven, but the functional approach is an integral part of the structural theory.

DISCUSSION: Dr. David Rubinfine pointed out that even in his work on aphasia, Freud substituted localization of function by the concept of a word schema which was continuously evolving as a result of function building up structure. The

bases of all structure are preformed thresholds and the delay of discharge. Dr. Rubinfine disagreed with Dr. Beres' interpretation of Rapaport's secondary model of affect; the term 'structuralized delay' refers to the delay of discharge by intrapsychic structures, while 'segregated affect changes' refers to signals evoked in the ego. He also disagreed with the criticisms of the formulations of Gill and Glover that structures are not defined by their fixity but their slow rate of change.

Dr. Charles Brenner felt that Dr. Beres had demonstrated the clinical usefulness of the functional approach. It is more important to assess each function in regard to the degree or manner of its disturbance than to speak of the maldevelopment of the ego. He supported the criticism of Rapaport who conceived of structures as learned responses as opposed to innate ones. Structures are not environmentally conditioned psychic reaction patterns but are groupings and divisions of functions.

Dr. Heinz Hartmann felt that Dr. Beres' paper was clarifying, especially if structure is defined in terms of function. However, one must differentiate between abstractions about content and those about function in connection with content. The problem is that there are several meanings of 'structure': Freud, Hartmann, Rapaport, and Gill use the concept differently; Dr. Hartmann still defines it in terms of relative stability and automatization, not as the tripartite theory. These different concepts of 'structure' may all have relevance to psychoanalytic concepts of structure.

Dr. Merton Gill disagreed with Dr. Beres that the structural theory is valid and the concept of structure is not. The concepts of relative autonomy of the ego demand the postulate of 'microstructures', for example, memory mechanisms. He criticized his own formulations about *ad hoc* activity as not 'structural enough'. In his opinion structure is not rigidly fixed but is defined by its slow rate of change. Rapaport's models are not tautologies but are models 'stripped to the bone'. Structural delay is a common observation and signal affect implies structuralization.

Dr. K. R. Eissler commented that Freud never spoke of a topographic theory but of an aspect of a general system of suppositions that describe psychic elements as completely as possible. Spatial psychic relations and structure are not mutually exclusive. Further, structure is related to organization, and therefore not to the id except in its repressed part. Structures are characterized by fixity, constancy, and continuous change which re-creates the constant elements. Psychological forms should not be prematurely discarded and should not be formulated only in terms of function.

HERBERT WEINER

February 9, 1965. SOME ASPECTS OF SCIENTIFIC THEORY CONSTRUCTION AND PSYCHOANALYSIS. Samuel A. Guttman, M.D.

Dr. Guttman discusses both scientific theory and scientific theory construction with the aim of giving perspective to the position of metapsychological theories in psychoanalysis. He believes that psychoanalysis can learn much from the development of theory in other sciences. He cites T. S. Kuhn's definition of paradigm, 'structure of scientific revolutions', as a widely recognized achievement that

for a time provides model problems and model solutions to a community of practitioners of a science. When there is a change of paradigm it not only influences perception but also produces a change in the evaluation of familiar data. A new model generally calls forth a new and more rigid definition of the scientific field, which may have certain unwelcome consequences. 'Normal' scientific work (the investigation of model problems with model solutions according to the paradigm) extends the knowledge of facts that stem from the paradigm. Thus paradigms force one to observe and study a small range of esoteric problems in depth and detail. To reject a paradigm without substituting another one is to reject science itself.

The author criticizes the type of psychoanalytic institute which, like a textbook, is primarily geared to detailed chronological study of Freud. While this 'textbook study' may give the appearance of systematic development, it actually hides the basic processes involved in scientific progress. Many problems of contemporary 'normal' science did not exist until the most recent paradigm was established. Research projects in psychoanalysis fall into one of three categories: determination of significant facts, matching of facts with theories, and articulation of theory. When work under a paradigm cannot proceed in these ways, it must be abandoned, and this often leads to a scientific revolution with the emergence of a new paradigm.

To illustrate the vicissitudes of paradigm movements in psychoanalysis, Dr. Guttman points out that if structural theory has as its operational *sine qua non* a new way of giving order to data with a change in the perception and evaluation of familiar data and a fundamental reconceptualization, then there has been a significant paradigm change. New theory need not conflict with all the tenets of its predecessors, nor solve all problems. However, a crucial question is always: which theory has the broadest conceptual framework to cover the phenomena?

Predictive success is important but not the only criterion for good scientific theory. The most serious defect in this approach is that it gives the false impression that other possibilities are closed. Further, we must make sense of what we predict. The mainspring of science is the conviction that by imaginative inquiry we can build a system of ideas significantly related to reality.

The conception of atomism, schematically defined as the study of structure and relationships, has led to the highest adaptive precision yet achieved. Dr. Guttman points to parallels between physics and psychoanalysis. Both sciences reject two ancient views about the nature of things—that stable atoms are the basis of phenomena and the central position of the conscious mind; both sciences are discovering that particles and structures are no longer isolated and stable but rather are changing systems in a changing environment; both sciences are now concerned with patterns of changing relations.

In physics a new, highly abstract language is required, associated with an almost incomprehensibly intricate calculus. Shall we too go toward an ultra-abstract view of psychoanalytic theory in which we give up the use of word images and use the various calculuses? Instead the author hopes that psychoanalysis will return to basic ideas and to fundamental principles which bring abstractions closer to the human being. For Freud, the ego, superego, and id were the mental structures. However, Hartmann has emphasized that every semi or relatively

stable formation in the mental apparatus is called a structure, and as Rapaport said, in a structure the rate of change is slower than in a process.

The author concludes by emphasizing that the type of thinking applicable to science in general and psychoanalysis in particular is not of a special kind. There is nothing arcane about psychoanalysis or the thinking which is requisite to resolve its conceptual problems.

DISCUSSION: Dr. Martin Stein pointed out that the special value of the paradigm study is in its relationship to the historical approach to science. He remarked that we must not forget that at times, without a narrowing of interests and attention, the study of science would become too diffuse.

Dr. Jacob Arlow agreed that the central theme of the paradigm played a major role in the history of theory construction and in the development of ideas in general. However, he felt that the dangers of the paradigm in psychoanalysis were exaggerated. In psychoanalysis, the later models required the earlier ones, leading to a hierarchy of models. He suggested that the difficulties described by Dr. Guttman were not inherent in model construction but related more to theory formulation. He wondered if we have adequately explored the paradigms we now have.

Dr. Max Schur referred to Freud's comments on the impact of various revolutions in thought and spoke of an exchange of letters between Freud and Marie Bonaparte. The latter, noting Niels Bohr's comment on the 'free will', or lack of determinism, of the atom, felt that 'free will' might be finding a refuge in these atomic speculations. Freud replied: 'It is here that the breakdown of today's *Weltanschauung* is actually taking place. We can only wait and see.' Dr. Schur advised that any analogy between the conceptualizations of psychoanalysis and those of atomic theory should be stated only in the most general terms.

Dr. Rudolph Loewenstein felt this erudite paper might serve the function of a 'gadfly'—to arouse doubts and disturb our complacency. He inquired as to what part of psychoanalytic theory does the paradigm, its use and misuse, apply. He mentioned the possible danger that the term 'paradigm' might become a cliché and be misused; therefore, it requires a clear and concise explanation.

Dr. Charles Brenner suggested that we move cautiously in accepting Kuhn's evaluation and theory of scientific revolutions. Dr. Leo Orenstein referred to the central importance of the study of Freud's works and the development of his ideas, in itself a prime example of creative thinking in theory construction.

In closing, Dr. Guttman gave his definition of a paradigm as a commonly accepted model that a community of scientists employ for making observations, which in turn limits the observations they can make. He gave the example of the original basic paradigm of psychoanalysis—the unconscious—which led to the psychological revolution initiated and developed by Freud.

BERNARD D. FINE

March 9, 1965. UNCONSCIOUS HALLUCINATIONS IN NORMAL THINKING. Engene V. Nininger, M.D.

According to the author, all thought, even the most abstract, is unconsciously experienced as occurring in a space outside the brain case. This sphere is fre-

quently occupied by real objects, which may be refashioned from moment to moment into illusions that fit thinking requirements, and may also contain hallucinations without link to surrounding reality. The hallucinations differ from those of psychosis in that they may be controlled or dismissed from awareness. The consciously accepted conviction that thinking takes place within the head is a form of denial initiated by the infant because an unpleasant prototype of thought must be denied. This is the hallucinated image of the absent mother, called into existence by hunger, but ultimately rejected when memory proves it to be associated with a continuation of hunger pain.

Nininger observed this mechanism in an adult patient who believed she was experiencing compulsive thoughts inside her head relating to her mother's death. She did not close her eyes, however, lest the 'thoughts' become images of 'movie-like' intensity, i.e., hallucinations. Instances of a similar denial mechanism may be observed in normal individuals when their gestures and eye movements betray that they are experiencing thoughts not inside their heads as they believe, but as if outside themselves. The author himself was able to catch a phase between sleeping and waking when his dream images intermingled with those of real objects for several moments. In another instance he observed himself remembering eidetic, auditory, and tactile experiences that did not seem to have occurred within his head as he recalled them, so, by inference, must have occurred as events in space.

Turning from concrete memory to abstract thought, Nininger considers the experience involved in his comprehension of the equation, A plus B equals C, and its relation to various tactile and motor events which occurred to him while he was learning mathematics. As to abstract thought on a higher level, a mathematician's experience of 'curved space' as a concept was in terms of working out 'a piece of space' in front of him, giving it a bent shape and tracing bent paths through it. Thus thought, whether concrete or abstract, takes place beyond the skull.

In the developmental phase where denial of the spatial aspects of thought first occur, Freud concluded that the infant first hallucinates gratification in the interval between his hunger and its relief by the mother and then abandons hallucination in favor of reality upon finding that the latter genuinely gratifies him while the former does not. Isakower, Lewin, Spitz, and others have noted that in the hunger stage the mother's breast and face are hallucinated in space prior to actual satisfaction at the breast. Because hunger pain is eventually remembered as an accompaniment of the hallucination, the infant is motivated to curtail it in the interest of the reality of finding the mother. He must scan the environment and recognize her, a procedure which implies that a vestige of the hallucination must remain because scanning with recognition is made possible through 'fitting' the image of the actual mother with the hallucinated one. Adult thinking parallels that of the infant in that there is a surface denial of hallucination, but an underlying active use of it, when finding a face in a crowd, a fact in memory, or even a solution to an abstract problem. Spatial imagery is used, yet denied, and in both infant and adult thinking is founded on a search for the mother, resting at a level of development where the distinction between the self and the mother is not yet clearly established.

The author attempts to explain why thoughts are assumed to take place specifically in the head. The unconscious imagery is that the head is a container filled with precious highly intimate 'things' yet not 'really' existing. The complex origin of this container can be found in the nursing situation where infant and mother are partly fused. The container is the infant's mouth and stomach enclosing the nipple and milk, and simultaneously it is the enfolding mother who contains the infant. This hallucinated fantasy is then projected and partially denied, only to be later re-incorporated as a fantasied 'shrunken' container with traces of its previous history. The container is believed to be the head rather than another part of the body because it represents a concept of the infant's mouth and the mother's head in the nursing situation. The emphasis on the upper part of the head is attributed to the influence of the superego, which relegates bodily impulses and sensations 'below', while retaining 'above' all that is nice, passionless, and clean. Oneself and one's thoughts then occupy a pure and lofty place, namely, the brain case.

DISCUSSION: Dr. George Wiedeman noted that the most archaic perception presumably consists of syncretic phenomena in which the different sensory modalities are perceived as an undifferentiated totality. The various sensory modalities become differentiated during maturation. The less mature the individual, the more prominent are the eidetic phenomena which are intermediate between true percepts and memory images. The decreased importance of hallucinatory processes may be explained by a decrease in the cathexis of the sensory projections and an increase in the cathexis of adult abstract thinking, which occurs in normal maturation. In commenting on gestures in space which serve the adult to describe objects or actions, Dr. Wiedeman referred to Werner's statement that movement is basic for primary form perception.

Dr. Milton Malev felt more emphasis should be given to structure formation, developmental sequences, duration factors, and other processes. From the beginning there are primary autonomous ego apparatuses which are the nuclei of later ego structures, and are the organism's first guarantees of adaptation to an expectable environment. Dr. Nininger's schema tends to 'adultomorphize' infant behavior by the use of such sophisticated teleological terms as 'scanning' and 'recognizing'. The infant's recognition of the mother is attributed to memory, though actually it stems from an inborn reflex. Memory does not appear until later. The difficulty that results from blurring the distinction between memory and hallucination is illustrated by the statement that 'remembering is a hallucinatory reproduction of original experience'. Dr. Malev felt that, unlike hallucination, which is primary process, memory is secondary process par excellence, the binding of the drive in search for the real object.

Dr. Marcel Heiman commented that different people have different areas of spatial thinking experience, and wondered whether such areas vary with the level of intelligence. He also raised a question about the imagery of something which the thinker has not experienced—death, for example. In the case of a painter, death was spatially represented by the focal point of perspective in his painting.

Dr. Leo Spiegel was not convinced that unconscious visual imagery accompanies all thought. Such imagery as Dr. Nininger's patient demonstrated could

be accounted for by ego regression. Affect also may be regressively experienced as imagery. The mother's death viewed as trauma could have provided the motivation for her regression.

Dr. Walter Stewart recalled three cases where similar symptomatology appeared. In each instance there had been early object loss, and he asked if this might not also have been true for Dr. Nininger's patient.

Dr. John A. Cook questioned whether all abstract thought was capable of being experienced visually, and suggested that perhaps it was a very imperfect model which could be visualized. He gave as an example the abstraction: 'the square root of minus two'. This can be used in a mathematical formula, be modeled or visualized as a bit of writing on paper, but the concept itself is inescapably abstract and incapable of being concretized.

Dr. Nininger did not agree with the view that for mental imagery to be called hallucination it necessarily must be considered 'real' by the patient. Many patients are aware that their hallucinations are not real, yet they know they are hallucinating. His patient's imagery served two defensive functions: an attempt to master the trauma of the mother's death, which occurred very early in her life, and as punishment for feelings of hostility toward the mother.

JOHN A. COOK

March 23, 1965. OPPOSITE SEX TWINS. Jules Glenn, M.D.

The author demonstrates that opposite-sex twins manifest the same characteristics noted in same-sex fraternal twins and in identical twins. These traits, typical of the 'twinning reaction', encompass difficulty in establishing a sense of identity and an adequate self-image, a tendency to polarize active and passive roles, difficulty in resolving the œdipus complex because of the ease of substitute gratification through the twin, defectiveness of the superego, sticky transferences, and displacement as the result of a tendency to see the world as full of twins. Although opposite-sex twins are actually slightly more common than identical twins, the psychoanalytic literature contains only one article on them, by Hilda Abraham in 1953. Glenn bases his study on this article, the analysis of an opposite-sex twin, and psychotherapeutic interviews with a ten-year-old girl twin and two adult female twins, one of whom was subsequently analyzed. Mythological, anthropological, and literary references support the author's clinical findings.

Dr. Glenn's analysand entered treatment because of anxieties about dying of a heart attack, burglars, and impulses to injure his wife. These were related to his feelings of incompleteness, of having been robbed of half of his penis in the womb by his twin sister. Fantasies about circumcision determined his impulses to rob and cheat his analyst, wife, sister, and business partner. The business partner appeared to be a surrogate twin who ate the same food, drove the same car as the patient, and was in a business similar to the twin sister. Though the patient and his twin sister had slept in the same room until the age of nineteen and 'she was as beautiful as a movie-star', he was never aware of any attraction to her. However, in analysis it developed that she was the central figure in his masturbation fantasies which were precipitated by his mother's absence. The patient was primitive, tending to use primary process thinking, particularly in

his sexual activity with his wife. These characteristics were also evident in Dr. Abraham's case and in the little girl seen by Dr. Glenn.

The author believes that twins develop an ego fixation at the phase in which primary process thinking predominates and that regression to this stage occurs with greater facility in twins. The difficulty in progressing from primary to secondary process thinking stems from periods of too intense frustration by the mother and too intense gratification by the twin. The defective superego which the analysand revealed in his attempts to cheat others seemed to be caused not only by the unsatisfactory resolution of the œdipus complex but, more specifically, by the twin's concept of himself as an 'exception'. Since he had been cheated by his parents and sister, he felt entitled to steal back what had been taken from him. Furthermore, as a twin, he felt so special and superior that he considered himself beyond the law.

DISCUSSION: Dr. Jay Shorr cautioned against attributing pathological factors specifically to twinship. The important factor determining the traits described by Dr. Glenn might be the degree of narcissistic conflict. Dr. Shorr believed that the twin in Dr. Abraham's case suffered from a symbiotic psychosis in which she never left the anal womb of her mother, while her twin brother seemed to represent primarily a part object. He stressed the role of parents in encouraging or discouraging individual and separate identity formations in their twin children and their role in the superego development of their twins, noting that the parents of Dr. Glenn's patient had allowed the patient and his twin sister to share a room through their adolescence. Dr. Shorr thought that in identical and same-sex fraternal twins the factors of narcissistic injury or narcissistic enhancement may be crucial in precipitating pathological parental attitudes or in accentuating pathological attitudes in the twins. However, in opposite-sex twins there is the additional element of the heterosexual nature of the twinship.

Dr. Edith Jacobson felt that the paper was an excellent contribution to the psychology of opposite-sex twins and to the problems of twinship in general. She commented about the important differences between opposite-sex twins and same-sex twins. Central in importance is the temptation to have incestuous relations. For example, in Dr. Glenn's patient incestuous fantasies are interwoven with twin fantasies involving wishes to merge with the twin. The fantasy of the twin sister having a penis enables the patient to transform her into a homosexual object, which helps to ward off the heterosexual incest fantasy; it also serves to ward off guilt feelings based on his having gotten more than she. Dr. Jacobson pointed out that in the girl twin described by Dr. Glenn, the wish to have a twin sister is a way of seeking to escape the heterosexual incest temptation. She also mentioned the problem of the 'stronger' twin, pointing out that in opposite-sex twins the male is the stronger since he has a penis. In identical twins she has observed that the so-called 'stronger' twin always reacts with intense guilt and attempts to deny superiority.

Dr. Stuart Asch, who analyzed one of the cases used by Dr. Glenn, described how his analysand utilized the fantasy of having a twin with her in order to complete a defective self-image. He felt that the displacement, which Dr. Glenn believed was primarily defensive to avoid the incestuous object, actually resulted

from the need for the self-representation to be complete by way of finding a twin. He emphasized the factor of fixation rather than regression in the prevalence of primary process thinking in twins. The œdipal object can be approached only if the twin is also present and in this sense the twin is like a fetish, a part object.

Dr. Bernard Brodsky agreed with Dr. Jacobson that incest is the central problem in opposite-sex twins. He described a case in which there had been actual incest, but this patient did not show regression to primary process thinking, loss of ego boundaries, or merging wishes, described by Dr. Glenn as characteristic of twins. Another twin he treated showed intense regressive wishes for merging and union with her dead twin, toward whom she had felt intense incestuous fantasies which, however, had not been acted out.

JAY SHORR

THE AMERICAN PSYCHOANALYTIC ASSOCIATION will hold its 1965 Fall Meeting at the Commodore Hotel, New York City, December 3rd through December 5th.

STATE UNIVERSITY OF NEW YORK, DOWNSTATE MEDICAL CENTER, announces a two-year program of research training in psychiatry. The program is open to physicians who have completed two or three years of residency training in psychiatry. Applications for the academic year beginning September 1966 should be submitted before January 15, 1966. For further information write to: Office of Admissions, Downstate Medical Center, 450 Clarkson Avenue, Brooklyn, New York.

Donald F. Klein, M.D. has been appointed to the newly-created post of Director of Research at HILLSIDE HOSPITAL, Glen Oaks, New York.

At the Annual Meeting of the AMERICAN PSYCHOSOMATIC SOCIETY, in May 1965, the following officers were elected: Robert A. Cleghorn, M.D., President; Lawrence E. Hinkle, Jr., M.D., President-elect; William A. Greene, M.D., Secretary-Treasurer. The Twenty-Third Annual Meeting of the Society will be held in Chicago, March 18-20, 1966. Abstracts of papers for presentation should be submitted by November 15, 1965, to the Chairman, Robert A. Cleghorn, M.D., 265 Nassau Road, Roosevelt, New York 11575.

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